

						AID CODE 10		----- MONTHLY AVERAGE -----	
660 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	518	4,482	\$ 304,408.61	\$ 67.92	6.791	\$ 587.66	\$ 461.23		
@PHYSICIANS SERVICES	72	237	\$ 3,001.39	\$ 12.66	.359	\$ 41.69	\$ 4.55		
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
OFFICE VISITS	0	0	.00	.00	.000	.00	.00		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	0	0	.00	.00	.000	.00	.00		
RADIOLOGY	0	0	.00	.00	.000	.00	.00		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES/ALL X-OVERS	72	237	3,001.39	12.66	.359	41.69	4.55		
@PHARMACY	455	2,330	\$ 110,758.11	\$ 47.54	3.530	\$ 243.42	\$ 167.82		
PRESCRIPTION DRUGS	454	1,947	109,518.07	56.25	2.950	241.23	165.94		
SNF/ICF	26	125	7,112.21	56.90	.189	273.55	10.78		
OUTPATIENTS	434	1,822	102,405.86	56.21	2.761	235.96	155.16		
MEDICAL SUPPLIES	19	383	1,240.04	3.24	.580	65.27	1.88		
@DENTIST	3	7	\$ 995.00	\$ 142.14	.011	\$ 331.67	\$ 1.51		
VISITS - DIAGNOSTIC	2	3	45.00	15.00	.005	22.50	.07		
ORAL SURGERY	0	0	.00	.00	.000	.00	.00		
DRUGS	0	0	.00	.00	.000	.00	.00		
ANESTHESIA	0	0	.00	.00	.000	.00	.00		
PERIODONTICS	0	0	.00	.00	.000	.00	.00		
ENDODONTICS	0	0	.00	.00	.000	.00	.00		
RESTORATIVE DENTISTRY	1	1	.00	.00	.002	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
DENTURES, STAYPLATES	2	3	950.00	316.67	.005	475.00	1.44		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00		

MODOC COUNTY		SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----			
660 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			
@OPTOMETRIST	26	67	\$	1,041.84	\$	15.55	.102	\$	40.07	\$	1.58
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.003		47.45		.14
EYE APPLIANCES	12	34		550.52		16.19	.052		45.88		.83
OTHER OPTOMETRIC SERVICES	14	31		396.42		12.79	.047		28.32		.60
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	95	515	\$	17,033.97	\$	33.08	.780	\$	179.30	\$	25.81
HOSP INPATIENT TOTAL	11	51		8,081.69		158.46	.077		734.70		12.24
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	11	51		8,081.69		158.46	.077		734.70		12.24
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	86	464		8,952.28		19.29	.703		104.10		13.56
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	86	464		8,952.28		19.29	.703		104.10		13.56
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,299
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

660 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	95	515	\$ 17,033.97	\$ 33.08	.780	\$ 179.30	\$ 25.81
COMM HOSP INPATIENT TOTAL	11	51	8,081.69	158.46	.077	734.70	12.24
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	11	51	8,081.69	158.46	.077	734.70	12.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	86	464	8,952.28	19.29	.703	104.10	13.56
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	86	464	8,952.28	19.29	.703	104.10	13.56
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	29	704	\$ 140,706.45	\$ 199.87	1.067	\$ 4851.95	\$ 213.19
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	29	704	140,706.45	199.87	1.067	4851.95	213.19
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	11	\$ 5,813.17	\$ 528.47	.017	\$ 645.91	\$ 8.81
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	11	5,813.17	528.47	.017	645.91	8.81
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 2.49	\$ 2.49	.002	\$ 2.49	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	1	1	2.49	2.49	.002	2.49	.00
@ORGANIZED OUTPATIENT CLINIC	191	373	\$ 18,186.05	\$ 48.76	.565	\$ 95.21	\$ 27.55
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	191	373	18,186.05	48.76	.565	95.21	27.55

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,300

660 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	94	237	\$ 6,870.14	\$ 28.99	.359	\$ 73.09	\$ 10.41
DURABLE MED. EQUIP.	1	1	41.53	41.53	.002	41.53	.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	3	1,157.82	385.94	.005	578.91	1.75
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	38	406.72	10.70	.058	27.11	.62
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	45.40	45.40	.002	45.40	.07
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	76	194	5,218.67	26.90	.294	68.67	7.91
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	214	942	\$ 39,599.70	\$ 42.04	1.427	\$ 185.05	\$ 60.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 7,301

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

MODOC COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	30	273	\$ 9,615.09	\$ 35.22	13.000	\$ 320.50	\$ 457.86
@PHYSICIANS SERVICES	4	15	\$ 94.20	\$ 6.28	.714	\$ 23.55	\$ 4.49
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	15		94.20		6.28	.714	23.55	4.49
@PHARMACY	28	199	\$	7,835.22	\$	39.37	9.476	\$ 279.83	\$ 373.11
PRESCRIPTION DRUGS	26	134		7,096.49		52.96	6.381	272.94	337.93
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	26	134		7,096.49		52.96	6.381	272.94	337.93
MEDICAL SUPPLIES	2	65		738.73		11.37	3.095	369.37	35.18
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,302
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	7	8	\$ 395.12	\$ 49.39	.381	\$ 56.45	\$ 18.82
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	8	395.12	49.39	.381	56.45	18.82
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	7	8	395.12	49.39	.381	56.45	18.82
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,303
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	8	\$ 395.12	\$ 49.39	.381	\$ 56.45	\$ 18.82
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	8	395.12	49.39	.381	56.45	18.82
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	7	8	395.12	49.39	.381	56.45	18.82
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 22.59	\$ 22.59	.048	\$ 22.59	\$ 1.08
PATHOLOGY	1	1	22.59	22.59	.048	22.59	1.08
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	8	16	\$	434.22	\$	27.14	.762	\$	54.28	\$	20.68
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	8	16		434.22		27.14	.762		54.28		20.68

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,304
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	34	\$ 833.74	\$ 24.52	1.619	\$ 83.37	\$ 39.70
DURABLE MED. EQUIP.	1	1	168.28	168.28	.048	168.28	8.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	33	665.46	20.17	1.571	66.55	31.69
@CALIF. CHILDREN SERVICES*	2	65	\$ 738.73	\$ 11.37	3.095	\$ 369.37	\$ 35.18
@XOVER EXCLUDING STATE HOSP**	15	57	\$ 1,191.80	\$ 20.91	2.714	\$ 79.45	\$ 56.75

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,305
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

3,589 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,056	51,533	\$ 2,786,036.69	\$ 54.06	14.359	\$ 911.66	\$ 776.27
@PHYSICIANS SERVICES	666	2,257	\$ 121,714.51	\$ 53.93	.629	\$ 182.75	\$ 33.91
OUTPATIENT VISITS	345	478	17,397.13	36.40	.133	50.43	4.85
OFFICE VISITS	294	402	13,256.79	32.98	.112	45.09	3.69
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	42	46	2,807.17	61.03	.013	66.84	.78

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	8	549.67	68.71	.002	91.61	.15
OTHER OUTPATIENT	21	22	783.50	35.61	.006	37.31	.22
INPATIENT VISITS	54	238	11,790.40	49.54	.066	218.34	3.29
HOSPITAL VISITS	40	191	8,807.50	46.11	.053	220.19	2.45
CRITICAL CARE	7	20	2,369.30	118.47	.006	338.47	.66
SNF/ICF/TRANS IP CARE	14	27	613.60	22.73	.008	43.83	.17
OPHTHALMOLOGICAL SERVICES	9	9	417.50	46.39	.003	46.39	.12
EXAMINATIONS	9	9	417.50	46.39	.003	46.39	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	37	303	38,502.73	127.07	.084	1040.61	10.73
PRINCIPAL SURGEON	31	53	31,482.49	594.01	.015	1015.56	8.77
ASSISTANT SURGEON	6	6	1,799.69	299.95	.002	299.95	.50
ANESTHESIOLOGIST	13	244	5,220.55	21.40	.068	401.58	1.45
OUTPATIENT SURGERY	59	104	12,575.01	120.91	.029	213.14	3.50
PRINCIPAL SURGEON	54	67	11,356.01	169.49	.019	210.30	3.16
ASSISTANT SURGEON	1	1	93.08	93.08	.000	93.08	.03
ANESTHESIOLOGIST	7	36	1,125.92	31.28	.010	160.85	.31
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	64	84	1,406.15	16.74	.023	21.97	.39
RADIOLOGY	130	262	11,572.11	44.17	.073	89.02	3.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	24	41	487.86	11.90	.011	20.33	.14
OTHER SERVICES/ALL X-OVERS	242	738	27,565.62	37.35	.206	113.91	7.68
@PHARMACY	2,572	17,062	\$ 973,145.84	\$ 57.04	4.754	\$ 378.36	\$ 271.15
PRESCRIPTION DRUGS	2,540	12,529	949,692.26	75.80	3.491	373.89	264.61
SNF/ICF	81	565	40,712.80	72.06	.157	502.63	11.34
OUTPATIENTS	2,466	11,964	908,979.46	75.98	3.334	368.60	253.27
MEDICAL SUPPLIES	181	4,533	23,453.58	5.17	1.263	129.58	6.53
@DENTIST	42	188	\$ 14,588.00	\$ 77.60	.052	\$ 347.33	\$ 4.06
VISITS - DIAGNOSTIC	17	59	859.00	14.56	.016	50.53	.24
ORAL SURGERY	7	25	1,051.00	42.04	.007	150.14	.29
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.001	100.00	.06
PERIODONTICS	2	3	400.00	133.33	.001	200.00	.11
ENDODONTICS	4	4	891.00	222.75	.001	222.75	.25
RESTORATIVE DENTISTRY	16	55	7,145.00	129.91	.015	446.56	1.99
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	12	34	3,992.00	117.41	.009	332.67	1.11
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	6	50.00	8.33	.002	25.00	.01
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

AID CODE 60

PAGE 7,306 01/17/03

3,589 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@OPTOMETRIST	190			470	\$	9,741.91	\$	20.73		.131	\$	51.27	\$	2.71	
DIAGNOSTIC AND ANC. PROCED	85			112		3,586.52		32.02		.031		42.19		1.00	
EYE APPLIANCES	100			261		4,212.29		16.14		.073		42.12		1.17	
OTHER OPTOMETRIC SERVICES	74			97		1,943.10		20.03		.027		26.26		.54	
@CHIROPRACTOR	5			8	\$	127.57	\$	15.95		.002	\$	25.51	\$	.04	
VISITS	5			8		127.57		15.95		.002		25.51		.04	

OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	1	58	\$	4,341.88	\$	74.86	.016	\$ 4341.88	\$ 1.21
NURSE ANESTHESIST	1	13	\$	26.37	\$	2.03	.004	\$ 26.37	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	896	4,680	\$	824,408.67	\$	176.16	1.304	\$ 920.10	\$ 229.70
HOSP INPATIENT TOTAL	62	292		699,165.12		2394.40	.081	11276.86	194.81
HSC HOSPITALS	3	16		17,808.00		1113.00	.004	5936.00	4.96
NON-HSC HOSPITAL TOTAL	41	230		669,182.40		2909.49	.064	16321.52	186.45
ACCOMMODATIONS	39	230		143,295.95		623.03	.064	3674.26	39.93
ADMINISTRATIVE DAYS	1	2		450.99		225.50	.001	450.99	.13
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	39	228		142,844.96		626.51	.064	3662.69	39.80
ANCILLARIES	41	0		525,886.45		.00	.000	12826.50	146.53
INPATIENT CROSSOVERS	18	46		12,174.72		264.67	.013	676.37	3.39
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	866	4,388		125,243.55		28.54	1.223	144.62	34.90
MEDICAL	262	530		17,365.55		32.77	.148	66.28	4.84
SURGERY	57	68		6,787.40		99.81	.019	119.08	1.89
PATHOLOGY	347	1,396		14,445.13		10.35	.389	41.63	4.02
RADIOLOGY	244	345		32,607.50		94.51	.096	133.64	9.09
ROOM USE	244	390		17,508.63		44.89	.109	71.76	4.88
CROSSOVERS/ALL OTH OUTPTNT	442	1,659		36,529.34		22.02	.462	82.65	10.18
@COUNTY HOSPITAL TOTAL	2	18	\$	204.41	\$	11.36	.005	\$ 102.21	\$.06
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	18	204.41	11.36	.005	102.21	.06
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	16	130.78	8.17	.004	65.39	.04
RADIOLOGY	1	1	39.20	39.20	.000	39.20	.01
ROOM USE	1	1	34.43	34.43	.000	34.43	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,307
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	3,589 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	894		4,662 \$	824,204.26	\$ 176.79	1.299	\$ 921.93	\$ 229.65
COMM HOSP INPATIENT TOTAL	62		292	699,165.12	2394.40	.081	11276.86	194.81
HSC HOSPITALS	3		16	17,808.00	1113.00	.004	5936.00	4.96
NON-HSC HOSPITALS TOTAL	41		230	669,182.40	2909.49	.064	16321.52	186.45
ACCOMMODATIONS	39		230	143,295.95	623.03	.064	3674.26	39.93
ADMINISTRATIVE DAYS	1		2	450.99	225.50	.001	450.99	.13
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	39		228	142,844.96	626.51	.064	3662.69	39.80
ANCILLARIES	41		0	525,886.45	.00	.000	12826.50	146.53
INPATIENT CROSSOVERS	18		46	12,174.72	264.67	.013	676.37	3.39
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	864		4,370	125,039.14	28.61	1.218	144.72	34.84
MEDICAL	262		530	17,365.55	32.77	.148	66.28	4.84
SURGERY	57		68	6,787.40	99.81	.019	119.08	1.89
PATHOLOGY	345		1,380	14,314.35	10.37	.385	41.49	3.99
RADIOLOGY	243		344	32,568.30	94.68	.096	134.03	9.07
ROOM USE	243		389	17,474.20	44.92	.108	71.91	4.87
CROSSOVERS/ALL OTH OUTPTNT	442		1,659	36,529.34	22.02	.462	82.65	10.18
@STATE HOSPITAL	7		549 \$	294,264.00	\$ 536.00	.153	\$ 42037.71	\$ 81.99
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	7		549	294,264.00	536.00	.153	42037.71	81.99
@NURSING FACILITY	40		1,044 \$	178,193.02	\$ 170.68	.291	\$ 4454.83	\$ 49.65
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	12		364	44,008.82	120.90	.101	3667.40	12.26
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	28		680	134,184.20	197.33	.189	4792.29	37.39
@INTERMEDIATE CARE FACIL.-DD	0		0 \$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9		14 \$	4,801.68	\$ 342.98	.004	\$ 533.52	\$ 1.34
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9		14	4,801.68	342.98	.004	533.52	1.34

@REHABILITATION FACILITY	6	50	\$	982.42	\$	19.65	.014	\$	163.74	\$	.27
HOSPITAL BASED	6	50		982.42		19.65	.014		163.74		.27
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	323	1,351	\$	14,709.22	\$	10.89	.376	\$	45.54	\$	4.10
PATHOLOGY	315	1,328		13,819.44		10.41	.370		43.87		3.85
XO AND OTHERS	8	23		889.78		38.69	.006		111.22		.25
@ORGANIZED OUTPATIENT CLINIC	1,350	2,517	\$	256,812.82	\$	102.03	.701	\$	190.23	\$	71.56
CLINIC	4	9		180.04		20.00	.003		45.01		.05
SURGICENTER	3	9		1,057.37		117.49	.003		352.46		.29
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,347	2,499		255,575.41		102.27	.696		189.74		71.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 7,308
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED										AID CODE 60

						----- MONTHLY AVERAGE -----					
3,589 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@ALL OTHER PROVIDERS	463	21,272	\$	88,178.78	\$	4.15	5.927	\$	190.45	\$	24.57
DURABLE MED. EQUIP.	76	242		28,625.34		118.29	.067		376.65		7.98
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	4	6		320.14		53.36	.002		80.04		.09
MEDICAL TRANSPORTATION	47	996		19,288.71		19.37	.278		410.40		5.37
AMBULANCES/AIR TRANS	39	791		12,472.82		15.77	.220		319.82		3.48
OTHER TRANS	3	178		355.22		2.00	.050		118.41		.10
OTHER SERVICES	9	27		6,460.67		239.28	.008		717.85		1.80
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	3	3		265.00		88.33	.001		88.33		.07
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	89	210		2,503.45		11.92	.059		28.13		.70
PHYSICAL THERAPIST	6	59		657.46		11.14	.016		109.58		.18
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	12	28		5,605.96		200.21	.008		467.16		1.56
PROSTHETICS	9	23		5,349.68		232.59	.006		594.41		1.49
ORTHOTICS	3	5		256.28		51.26	.001		85.43		.07
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	5	17		451.74		26.57	.005		90.35		.13
HOSPICE SERVICES	0	0		38.36		.00	.000		.00		.01
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	58	1,594		11,402.01		7.15	.444		196.59		3.18
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	187	18,117		19,020.61		1.05	5.048		101.71		5.30
@CALIF. CHILDREN SERVICES*	58	514	\$	30,422.49	\$	59.19	.143	\$	524.53	\$	8.48
@XOVER EXCLUDING STATE HOSP**	472	8,661	\$	51,818.83	\$	5.98	2.413	\$	109.79	\$	14.44

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 7,309
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

6,930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	3,406	18,434	\$	934,425.64	\$	50.69	2.660	\$	274.35	\$	134.84
@PHYSICIANS SERVICES	679	2,066	\$	79,849.55	\$	38.65	.298	\$	117.60	\$	11.52
OUTPATIENT VISITS	513	723		22,754.17		31.47	.104		44.36		3.28
OFFICE VISITS	426	572		15,788.20		27.60	.083		37.06		2.28
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	84	90		3,131.50		34.79	.013		37.28		.45
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	36	56		3,649.72		65.17	.008		101.38		.53
OTHER OUTPATIENT	4	5		184.75		36.95	.001		46.19		.03
INPATIENT VISITS	26	123		10,080.07		81.95	.018		387.70		1.45
HOSPITAL VISITS	19	51		2,507.99		49.18	.007		132.00		.36
CRITICAL CARE	7	72		7,572.08		105.17	.010		1081.73		1.09
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	4	4		122.08		30.52	.001		30.52		.02
EXAMINATIONS	4	4		122.08		30.52	.001		30.52		.02
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	30	280		13,675.90		48.84	.040		455.86		1.97
PRINCIPAL SURGEON	21	26		11,669.64		448.83	.004		555.70		1.68
ASSISTANT SURGEON	1	1		216.68		216.68	.000		216.68		.03
ANESTHESIOLOGIST	11	253		1,789.58		7.07	.037		162.69		.26
OUTPATIENT SURGERY	89	495		20,282.34		40.97	.071		227.89		2.93
PRINCIPAL SURGEON	76	95		17,426.85		183.44	.014		229.30		2.51
ASSISTANT SURGEON	2	2		269.54		134.77	.000		134.77		.04
ANESTHESIOLOGIST	16	398		2,585.95		6.50	.057		161.62		.37
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	96	131		986.32		7.53	.019		10.27		.14
RADIOLOGY	91	132		6,391.29		48.42	.019		70.23		.92
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	30	79		1,121.74		14.20	.011		37.39		.16
OTHER SERVICES/ALL X-OVERS	46	99		4,435.64		44.80	.014		96.43		.64
@PHARMACY	1,489	3,446	\$	183,526.27	\$	53.26	.497	\$	123.25	\$	26.48
PRESCRIPTION DRUGS	1,485	3,333		182,915.66		54.88	.481		123.18		26.39
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1,485	3,333		182,915.66		54.88	.481		123.18		26.39
MEDICAL SUPPLIES	14	113		610.61		5.40	.016		43.62		.09
@DENTIST	75	439	\$	20,314.25	\$	46.27	.063	\$	270.86	\$	2.93
VISITS - DIAGNOSTIC	45	198		2,448.75		12.37	.029		54.42		.35
ORAL SURGERY	15	69		5,886.00		85.30	.010		392.40		.85
DRUGS	4	9		120.00		13.33	.001		30.00		.02
ANESTHESIA	7	7		700.00		100.00	.001		100.00		.10
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	8	38		2,959.00		77.87	.005		369.88		.43
RESTORATIVE DENTISTRY	16	84		5,648.50		67.24	.012		353.03		.82
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2		.00		.00	.000		.00		.00
SPACE MAINTAINERS	2	3		422.00		140.67	.000		211.00		.06
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	19	27		2,130.00		78.89	.004		112.11		.31
ALL OTHER SERVICES	2	2		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

PAGE 7,310 01/17/03

6,930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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----- MONTHLY AVERAGE -----

@OPTOMETRIST	217	463	\$	10,263.41	\$	22.17	.067	\$	47.30	\$	1.48
DIAGNOSTIC AND ANC. PROCED	125	136		5,524.66		40.62	.020		44.20		.80
EYE APPLIANCES	117	279		3,734.25		13.38	.040		31.92		.54
OTHER OPTOMETRIC SERVICES	40	48		1,004.50		20.93	.007		25.11		.14
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	811	3,036	\$	240,531.05	\$	79.23	.438	\$	296.59	\$	34.71
HOSP INPATIENT TOTAL	32	104		152,823.34		1469.46	.015		4775.73		22.05
HSC HOSPITALS	2	10		15,175.00		1517.50	.001		7587.50		2.19
NON-HSC HOSPITAL TOTAL	30	94		137,648.34		1464.34	.014		4588.28		19.86
ACCOMMODATIONS	29	94		46,866.20		498.58	.014		1616.08		6.76
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	29	94		46,866.20		498.58	.014		1616.08		6.76
ANCILLARIES	30	0		90,782.14		.00	.000		3026.07		13.10
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	793	2,932		87,707.71		29.91	.423		110.60		12.66
MEDICAL	346	502		16,778.97		33.42	.072		48.49		2.42
SURGERY	75	75		8,119.31		108.26	.011		108.26		1.17
PATHOLOGY	294	829		8,253.94		9.96	.120		28.07		1.19
RADIOLOGY	278	396		25,352.97		64.02	.057		91.20		3.66
ROOM USE	373	479		21,293.22		44.45	.069		57.09		3.07
CROSSOVERS/ALL OTH OUTPTNT	335	651		7,909.30		12.15	.094		23.61		1.14
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,311
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

6,930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	811	3,036	\$ 240,531.05	\$ 79.23	.438	\$ 296.59	\$ 34.71
COMM HOSP INPATIENT TOTAL	32	104	152,823.34	1469.46	.015	4775.73	22.05
HSC HOSPITALS	2	10	15,175.00	1517.50	.001	7587.50	2.19
NON-HSC HOSPITALS TOTAL	30	94	137,648.34	1464.34	.014	4588.28	19.86
ACCOMMODATIONS	29	94	46,866.20	498.58	.014	1616.08	6.76
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	29	94	46,866.20	498.58	.014	1616.08	6.76
ANCILLARIES	30	0	90,782.14	.00	.000	3026.07	13.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	793	2,932	87,707.71	29.91	.423	110.60	12.66
MEDICAL	346	502	16,778.97	33.42	.072	48.49	2.42
SURGERY	75	75	8,119.31	108.26	.011	108.26	1.17
PATHOLOGY	294	829	8,253.94	9.96	.120	28.07	1.19
RADIOLOGY	278	396	25,352.97	64.02	.057	91.20	3.66
ROOM USE	373	479	21,293.22	44.45	.069	57.09	3.07
CROSSOVERS/ALL OTH OUTPTNT	335	651	7,909.30	12.15	.094	23.61	1.14
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	5	7	\$ 266.51	\$ 38.07	.001	\$ 53.30	\$.04
HOSPITAL BASED	5	7	266.51	38.07	.001	53.30	.04
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	274	605	\$ 10,969.65	\$ 18.13	.087	\$ 40.04	\$ 1.58
PATHOLOGY	274	605	10,969.65	18.13	.087	40.04	1.58
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,723	2,706	\$ 338,395.14	\$ 125.05	.390	\$ 196.40	\$ 48.83
CLINIC	4	7	179.70	25.67	.001	44.93	.03
SURGICENTER	1	4	156.55	39.14	.001	156.55	.02
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,718	2,695	338,058.89	125.44	.389	196.77	48.78
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
MODOC COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

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01/17/03

	6,930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	352	5,666	\$	50,309.81	\$ 8.88	.818	\$ 142.93	\$ 7.26
DURABLE MED. EQUIP.	16	25		1,737.99	69.52	.004	108.62	.25
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2		99.99	50.00	.000	99.99	.01
MEDICAL TRANSPORTATION	30	874		16,296.96	18.65	.126	543.23	2.35
AMBULANCES/AIR TRANS	29	872		13,746.96	15.76	.126	474.03	1.98
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		2,550.00	1275.00	.000	1275.00	.37
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3		265.00	88.33	.000	88.33	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	83	164		1,453.86	8.87	.024	17.52	.21
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2		84.84	42.42	.000	42.42	.01
PROSTHETICS	1	1		68.26	68.26	.000	68.26	.01
ORTHOTICS	1	1		16.58	16.58	.000	16.58	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3		124.19	41.40	.000	124.19	.02
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	218	4,438		29,496.69	6.65	.640	135.31	4.26
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	155		750.29	4.84	.022	125.05	.11
@CALIF. CHILDREN SERVICES*	16	81	\$	9,023.14	\$ 111.40	.012	\$ 563.95	\$ 1.30
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

11,200 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	7,010	74,722	\$ 4,034,486.03	\$ 53.99	6.672	\$	575.53	\$ 360.22
@PHYSICIANS SERVICES	1,421	4,575	\$ 204,659.65	\$ 44.73	.408	\$	144.03	\$ 18.27
OUTPATIENT VISITS	858	1,201	40,151.30	33.43	.107		46.80	3.58
OFFICE VISITS	720	974	29,044.99	29.82	.087		40.34	2.59
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	126	136	5,938.67	43.67	.012		47.13	.53
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	42	64	4,199.39	65.62	.006		99.99	.37
OTHER OUTPATIENT	25	27	968.25	35.86	.002		38.73	.09
INPATIENT VISITS	80	361	21,870.47	60.58	.032		273.38	1.95
HOSPITAL VISITS	59	242	11,315.49	46.76	.022		191.79	1.01
CRITICAL CARE	14	92	9,941.38	108.06	.008		710.10	.89
SNF/ICF/TRANS IP CARE	14	27	613.60	22.73	.002		43.83	.05
OPHTHALMOLOGICAL SERVICES	13	13	539.58	41.51	.001		41.51	.05
EXAMINATIONS	13	13	539.58	41.51	.001		41.51	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	67	583	52,178.63	89.50	.052		778.79	4.66
PRINCIPAL SURGEON	52	79	43,152.13	546.23	.007		829.85	3.85
ASSISTANT SURGEON	7	7	2,016.37	288.05	.001		288.05	.18
ANESTHESIOLOGIST	24	497	7,010.13	14.10	.044		292.09	.63
OUTPATIENT SURGERY	148	599	32,857.35	54.85	.053		222.01	2.93
PRINCIPAL SURGEON	130	162	28,782.86	177.67	.014		221.41	2.57
ASSISTANT SURGEON	3	3	362.62	120.87	.000		120.87	.03
ANESTHESIOLOGIST	23	434	3,711.87	8.55	.039		161.39	.33
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	160	215	2,392.47	11.13	.019		14.95	.21
RADIOLOGY	221	394	17,963.40	45.59	.035		81.28	1.60
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	54	120	1,609.60	13.41	.011		29.81	.14
OTHER SERVICES/ALL X-OVERS	364	1,089	35,096.85	32.23	.097		96.42	3.13
@PHARMACY	4,544	23,037	\$ 1,275,265.44	\$ 55.36	2.057	\$	280.65	\$ 113.86
PRESCRIPTION DRUGS	4,505	17,943	1,249,222.48	69.62	1.602		277.30	111.54
SNF/ICF	107	690	47,825.01	69.31	.062		446.96	4.27
OUTPATIENTS	4,411	17,253	1,201,397.47	69.63	1.540		272.36	107.27
MEDICAL SUPPLIES	216	5,094	26,042.96	5.11	.455		120.57	2.33
@DENTIST	120	634	\$ 35,897.25	\$ 56.62	.057	\$	299.14	\$ 3.21
VISITS - DIAGNOSTIC	64	260	3,352.75	12.90	.023		52.39	.30
ORAL SURGERY	22	94	6,937.00	73.80	.008		315.32	.62
DRUGS	4	9	120.00	13.33	.001		30.00	.01
ANESTHESIA	9	9	900.00	100.00	.001		100.00	.08
PERIODONTICS	2	3	400.00	133.33	.000		200.00	.04
ENDODONTICS	12	42	3,850.00	91.67	.004		320.83	.34
RESTORATIVE DENTISTRY	33	140	12,793.50	91.38	.013		387.68	1.14
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	15	39	4,942.00	126.72	.003		329.47	.44
SPACE MAINTAINERS	2	3	422.00	140.67	.000		211.00	.04
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	21	33	2,180.00	66.06	.003		103.81	.19
ALL OTHER SERVICES	2	2	.00	.00	.000		.00	.00

11,200 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	433	1,000	\$ 21,047.16	\$ 21.05	.089	\$	48.61	\$ 1.88
DIAGNOSTIC AND ANC. PROCED	212	250	9,206.08	36.82	.022		43.42	.82
EYE APPLIANCES	229	574	8,497.06	14.80	.051		37.11	.76
OTHER OPTOMETRIC SERVICES	128	176	3,344.02	19.00	.016		26.13	.30
@CHIROPRACTOR	5	8	\$ 127.57	\$ 15.95	.001	\$	25.51	\$.01
VISITS	5	8	127.57	15.95	.001		25.51	.01
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	1	58	\$ 4,341.88	\$ 74.86	.005	\$	4341.88	\$.39
NURSE ANESTHESIST	1	13	\$ 26.37	\$ 2.03	.001	\$	26.37	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	1,809	8,239	\$ 1,082,368.81	\$ 131.37	.736	\$	598.32	\$ 96.64
HOSP INPATIENT TOTAL	105	447	860,070.15	1924.09	.040		8191.14	76.79
HSC HOSPITALS	5	26	32,983.00	1268.58	.002		6596.60	2.94
NON-HSC HOSPITAL TOTAL	71	324	806,830.74	2490.22	.029		11363.81	72.04
ACCOMMODATIONS	68	324	190,162.15	586.92	.029		2796.50	16.98
ADMINISTRATIVE DAYS	1	2	450.99	225.50	.000		450.99	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	68	322	189,711.16	589.17	.029		2789.87	16.94
ANCILLARIES	71	0	616,668.59	.00	.000		8685.47	55.06
INPATIENT CROSSOVERS	29	97	20,256.41	208.83	.009		698.50	1.81
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	1,752	7,792	222,298.66	28.53	.696		126.88	19.85
MEDICAL	608	1,032	34,144.52	33.09	.092		56.16	3.05
SURGERY	132	143	14,906.71	104.24	.013		112.93	1.33
PATHOLOGY	641	2,225	22,699.07	10.20	.199		35.41	2.03
RADIOLOGY	522	741	57,960.47	78.22	.066		111.04	5.18
ROOM USE	617	869	38,801.85	44.65	.078		62.89	3.46
CROSSOVERS/ALL OTH OUTPTNT	870	2,782	53,786.04	19.33	.248		61.82	4.80
@COUNTY HOSPITAL TOTAL	2	18	\$ 204.41	\$ 11.36	.002	\$	102.21	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	2	18	204.41	11.36	.002		102.21	.02
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	2	16	130.78	8.17	.001		65.39	.01

RADIOLOGY	1	1	39.20	39.20	.000	39.20	.00
ROOM USE	1	1	34.43	34.43	.000	34.43	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,315
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR CASH GRANT

	11,200 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,807	8,221	\$	1,082,164.40	\$ 131.63	.734	\$ 598.87	\$ 96.62
COMM HOSP INPATIENT TOTAL	105	447		860,070.15	1924.09	.040	8191.14	76.79
HSC HOSPITALS	5	26		32,983.00	1268.58	.002	6596.60	2.94
NON-HSC HOSPITALS TOTAL	71	324		806,830.74	2490.22	.029	11363.81	72.04
ACCOMMODATIONS	68	324		190,162.15	586.92	.029	2796.50	16.98
ADMINISTRATIVE DAYS	1	2		450.99	225.50	.000	450.99	.04
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	68	322		189,711.16	589.17	.029	2789.87	16.94
ANCILLARIES	71	0		616,668.59	.00	.000	8685.47	55.06
INPATIENT CROSSOVERS	29	97		20,256.41	208.83	.009	698.50	1.81
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,750	7,774		222,094.25	28.57	.694	126.91	19.83
MEDICAL	608	1,032		34,144.52	33.09	.092	56.16	3.05
SURGERY	132	143		14,906.71	104.24	.013	112.93	1.33
PATHOLOGY	639	2,209		22,568.29	10.22	.197	35.32	2.02
RADIOLOGY	521	740		57,921.27	78.27	.066	111.17	5.17
ROOM USE	616	868		38,767.42	44.66	.078	62.93	3.46
CROSSOVERS/ALL OTH OUTPTNT	870	2,782		53,786.04	19.33	.248	61.82	4.80
@STATE HOSPITAL	7	549	\$	294,264.00	\$ 536.00	.049	\$ 42037.71	\$ 26.27
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	7	549		294,264.00	536.00	.049	42037.71	26.27
@NURSING FACILITY	69	1,748	\$	318,899.47	\$ 182.44	.156	\$ 4621.73	\$ 28.47
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	12	364		44,008.82	120.90	.033	3667.40	3.93
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	57	1,384		274,890.65	198.62	.124	4822.64	24.54
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	18	25	\$	10,614.85	\$ 424.59	.002	\$ 589.71	\$.95
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	18	25		10,614.85	424.59	.002	589.71	.95
@REHABILITATION FACILITY	11	57	\$	1,248.93	\$ 21.91	.005	\$ 113.54	\$.11
HOSPITAL BASED	11	57		1,248.93	21.91	.005	113.54	.11
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	599	1,958	\$	25,703.95	\$ 13.13	.175	\$ 42.91	\$ 2.29
PATHOLOGY	590	1,934		24,811.68	12.83	.173	42.05	2.22
XO AND OTHERS	9	24		892.27	37.18	.002	99.14	.08
@ORGANIZED OUTPATIENT CLINIC	3,272	5,612	\$	613,828.23	\$ 109.38	.501	\$ 187.60	\$ 54.81
CLINIC	8	16		359.74	22.48	.001	44.97	.03
SURGICENTER	4	13		1,213.92	93.38	.001	303.48	.11
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,264	5,583		612,254.57	109.66	.498	187.58	54.67

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MOP024
MODOC COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT

01/17/03

11,200 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	919	27,209	\$ 146,192.47	\$ 5.37	2.429	\$ 159.08	\$ 13.05
DURABLE MED. EQUIP.	94	269	30,573.14	113.65	.024	325.25	2.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	11	1,577.95	143.45	.001	225.42	.14
MEDICAL TRANSPORTATION	77	1,870	35,585.67	19.03	.167	462.15	3.18
AMBULANCES/AIR TRANS	68	1,663	26,219.78	15.77	.148	385.59	2.34
OTHER TRANS	3	178	355.22	2.00	.016	118.41	.03
OTHER SERVICES	11	29	9,010.67	310.71	.003	819.15	.80
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	6	6	530.00	88.33	.001	88.33	.05
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	187	412	4,364.03	10.59	.037	23.34	.39
PHYSICAL THERAPIST	6	59	657.46	11.14	.005	109.58	.06
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	14	30	5,690.80	189.69	.003	406.49	.51
PROSTHETICS	10	24	5,417.94	225.75	.002	541.79	.48
ORTHOTICS	4	6	272.86	45.48	.001	68.22	.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	21	621.33	29.59	.002	88.76	.06
HOSPICE SERVICES	0	0	38.36	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	276	6,032	40,898.70	6.78	.539	148.18	3.65
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	279	18,499		25,655.03		1.39	1.652	91.95	2.29
@CALIF. CHILDREN SERVICES*	76	660	\$	40,184.36	\$	60.89	.059	\$ 528.74	\$ 3.59
@XOVER EXCLUDING STATE HOSP**	701	9,660	\$	92,610.33	\$	9.59	.863	\$ 132.11	\$ 8.27

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 7,317

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

MODOC COUNTY

SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

74 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	35	146	\$ 42,872.90	\$ 293.65	1.973	\$ 1224.94	\$ 579.36	
@PHYSICIANS SERVICES	9	48	\$ 4,604.24	\$ 95.92	.649	\$ 511.58	\$ 62.22	
OUTPATIENT VISITS	8	12	300.20	25.02	.162	37.53	4.06	
OFFICE VISITS	8	11	255.60	23.24	.149	31.95	3.45	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1	1	44.60	44.60	.014	44.60	.60	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	1	35	4,301.40	122.90	.473	4301.40	58.13	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	1	35	4,301.40	122.90	.473	4301.40	58.13	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1	1	2.64	2.64	.014	2.64	.04	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00	
@PHARMACY	18	23	\$ 267.50	\$ 11.63	.311	\$ 14.86	\$ 3.61	
PRESCRIPTION DRUGS	18	23	267.50	11.63	.311	14.86	3.61	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	18	23	267.50	11.63	.311	14.86	3.61	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002					PAGE 7,318	
MOP024	FEE-FOR-SERVICE/DENTAL					01/17/03	
MODOC COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS					AID CODES 47 69	
					----- MONTHLY AVERAGE -----		
74 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4	58	\$ 35,996.73	\$ 620.63	.784	\$ 8999.18	\$ 486.44
HOSP INPATIENT TOTAL	1	41	35,711.00	871.00	.554	35711.00	482.58
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	41	35,711.00	871.00	.554	35711.00	482.58
ACCOMMODATIONS	1	41	35,711.00	871.00	.554	35711.00	482.58
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	41	35,711.00	871.00	.554	35711.00	482.58
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	17	285.73	16.81	.230	95.24	3.86
MEDICAL	3	3	61.26	20.42	.041	20.42	.83
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	6	51.14	8.52	.081	25.57	.69
RADIOLOGY	1	1	36.36	36.36	.014	36.36	.49
ROOM USE	3	3	100.92	33.64	.041	33.64	1.36
CROSSOVERS/ALL OTH OUTPTNT	3	4	36.05	9.01	.054	12.02	.49
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,319
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

74 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	58	\$ 35,996.73	\$ 620.63	.784	\$ 8999.18	\$ 486.44
COMM HOSP INPATIENT TOTAL	1	41	35,711.00	871.00	.554	35711.00	482.58
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	41	35,711.00	871.00	.554	35711.00	482.58
ACCOMMODATIONS	1	41	35,711.00	871.00	.554	35711.00	482.58
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	41	35,711.00	871.00	.554	35711.00	482.58
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	17	285.73	16.81	.230	95.24	3.86
MEDICAL	3	3	61.26	20.42	.041	20.42	.83
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	6	51.14	8.52	.081	25.57	.69
RADIOLOGY	1	1	36.36	36.36	.014	36.36	.49
ROOM USE	3	3	100.92	33.64	.041	33.64	1.36
CROSSOVERS/ALL OTH OUTPTNT	3	4	36.05	9.01	.054	12.02	.49
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	2	\$ 42.51	\$ 21.26	.027	\$ 42.51	\$.57
PATHOLOGY	1	2	42.51	21.26	.027	42.51	.57
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	12	15	\$	1,961.92	\$	130.79	.203	\$	163.49	\$	26.51
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	12	15		1,961.92		130.79	.203		163.49		26.51

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,320
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

74 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,321
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

346 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	63	394	\$ 23,274.94	\$ 59.07	1.139	\$ 369.44	\$ 67.27
@PHYSICIANS SERVICES	29	70	\$ 5,878.44	\$ 83.98	.202	\$ 202.70	\$ 16.99
OUTPATIENT VISITS	20	42	2,116.38	50.39	.121	105.82	6.12
OFFICE VISITS	4	8	203.45	25.43	.023	50.86	.59
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	17	34	1,912.93	56.26	.098	112.53	5.53
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	7	303.70	43.39	.020	75.93	.88
HOSPITAL VISITS	4	7	303.70	43.39	.020	75.93	.88
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	4	2,177.56	544.39	.012	544.39	6.29
PRINCIPAL SURGEON	4	4	2,177.56	544.39	.012	544.39	6.29
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	1,101.12	550.56	.006	550.56	3.18
PRINCIPAL SURGEON	2	2	1,101.12	550.56	.006	550.56	3.18
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	13	135.06	10.39	.038	12.28	.39
RADIOLOGY	1	1	37.73	37.73	.003	37.73	.11
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	5.89	.00	.000	.00	.02
OTHER SERVICES/ALL X-OVERS	1	1	1.00	1.00	.003	1.00	.00
@PHARMACY	13	15	\$ 871.48	\$ 58.10	.043	\$ 67.04	\$ 2.52
PRESCRIPTION DRUGS	13	15	871.48	58.10	.043	67.04	2.52
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	13	15	871.48	58.10	.043	67.04	2.52
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,322
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

346 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	1	2	\$ 177.91	\$ 88.96	.006	\$ 177.91	\$.51
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	23	105	\$ 13,796.32	\$ 131.39	.303	\$ 599.84	\$ 39.87
HOSP INPATIENT TOTAL	3	11	11,206.41	1018.76	.032	3735.47	32.39
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	11	11,206.41	1018.76	.032	3735.47	32.39
ACCOMMODATIONS	3	11	3,908.80	355.35	.032	1302.93	11.30
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	11	3,908.80	355.35	.032	1302.93	11.30
ANCILLARIES	3	0	7,297.61	.00	.000	2432.54	21.09
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	21	94	2,589.91	27.55	.272	123.33	7.49
MEDICAL	2	2	184.41	92.21	.006	92.21	.53
SURGERY	1	1	53.21	53.21	.003	53.21	.15
PATHOLOGY	11	54	445.24	8.25	.156	40.48	1.29
RADIOLOGY	5	7	568.50	81.21	.020	113.70	1.64
ROOM USE	7	12	416.24	34.69	.035	59.46	1.20
CROSSOVERS/ALL OTH OUTPTNT	7	18	922.31	51.24	.052	131.76	2.67
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,323
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

		----- MONTHLY AVERAGE -----						
346 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	23	105	\$ 13,796.32	\$ 131.39	.303	\$ 599.84	\$ 39.87	
COMM HOSP INPATIENT TOTAL	3	11	11,206.41	1018.76	.032	3735.47	32.39	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	3	11	11,206.41	1018.76	.032	3735.47	32.39	
ACCOMMODATIONS	3	11	3,908.80	355.35	.032	1302.93	11.30	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	3	11	3,908.80	355.35	.032	1302.93	11.30	
ANCILLARIES	3	0	7,297.61	.00	.000	2432.54	21.09	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	21	94	2,589.91	27.55	.272	123.33	7.49	
MEDICAL	2	2	184.41	92.21	.006	92.21	.53	
SURGERY	1	1	53.21	53.21	.003	53.21	.15	
PATHOLOGY	11	54	445.24	8.25	.156	40.48	1.29	
RADIOLOGY	5	7	568.50	81.21	.020	113.70	1.64	
ROOM USE	7	12	416.24	34.69	.035	59.46	1.20	
CROSSOVERS/ALL OTH OUTPTNT	7	18	922.31	51.24	.052	131.76	2.67	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	16	\$	251.16	\$	15.70	.046	\$	25.12	\$	.73
PATHOLOGY	10	16		251.16		15.70	.046		25.12		.73
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	7	\$	1,142.28	\$	163.18	.020	\$	228.46	\$	3.30
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	7		1,142.28		163.18	.020		228.46		3.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 7,324
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49										

346 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	179	\$ 1,157.35	\$ 6.47	.517	\$ 192.89	\$ 3.34
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	174	732.35	4.21	.503	732.35	2.12
AMBULANCES/AIR TRANS	1	174	732.35	4.21	.503	732.35	2.12
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	425.00	85.00	.014	85.00	1.23
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 7,325
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76										

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@TOTAL, ALL PROVIDERS	0	0	\$	49.42	\$	.00	.000	\$	.00	\$	.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,326
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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----- MONTHLY AVERAGE -----

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,327
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	0	0	.00	.00	.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$	.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ 49.42	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	49.42	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
MODOC COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						
	AID CODE 76						

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

420 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	98	540	\$ 66,197.26	\$ 122.59	1.286	\$ 675.48	\$ 157.61	
@PHYSICIANS SERVICES	38	118	\$ 10,482.68	\$ 88.84	.281	\$ 275.86	\$ 24.96	
OUTPATIENT VISITS	28	54	2,416.58	44.75	.129	86.31	5.75	
OFFICE VISITS	12	19	459.05	24.16	.045	38.25	1.09	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1	1	44.60	44.60	.002	44.60	.11	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	17	34	1,912.93	56.26	.081	112.53	4.55	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	5	42	4,605.10	109.65	.100	921.02	10.96	
HOSPITAL VISITS	4	7	303.70	43.39	.017	75.93	.72	
CRITICAL CARE	1	35	4,301.40	122.90	.083	4301.40	10.24	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	4	4	2,177.56	544.39	.010	544.39	5.18	
PRINCIPAL SURGEON	4	4	2,177.56	544.39	.010	544.39	5.18	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	2	2	1,101.12	550.56	.005	550.56	2.62	
PRINCIPAL SURGEON	2	2	1,101.12	550.56	.005	550.56	2.62	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	12	14	137.70	9.84	.033	11.48	.33	
RADIOLOGY	1	1	37.73	37.73	.002	37.73	.09	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	5.89	.00	.000	.00	.01	
OTHER SERVICES/ALL X-OVERS	1	1	1.00	1.00	.002	1.00	.00	
@PHARMACY	31	38	\$ 1,138.98	\$ 29.97	.090	\$ 36.74	\$ 2.71	
PRESCRIPTION DRUGS	31	38	1,138.98	29.97	.090	36.74	2.71	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	31	38	1,138.98	29.97	.090	36.74	2.71	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	

420 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	2	\$ 177.91	\$ 88.96	.005	\$ 177.91	\$.42
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	27	163	\$ 49,793.05	\$ 305.48	.388	\$ 1844.19	\$ 118.55
HOSP INPATIENT TOTAL	4	52	46,917.41	902.26	.124	11729.35	111.71
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	4	52	46,917.41	902.26	.124	11729.35	111.71
ACCOMMODATIONS	4	52	39,619.80	761.92	.124	9904.95	94.33
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	52	39,619.80	761.92	.124	9904.95	94.33
ANCILLARIES	4	0	7,297.61	.00	.000	1824.40	17.38
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	24	111	2,875.64	25.91	.264	119.82	6.85
MEDICAL	5	5	245.67	49.13	.012	49.13	.58
SURGERY	1	1	53.21	53.21	.002	53.21	.13
PATHOLOGY	13	60	496.38	8.27	.143	38.18	1.18
RADIOLOGY	6	8	604.86	75.61	.019	100.81	1.44
ROOM USE	10	15	517.16	34.48	.036	51.72	1.23
CROSSOVERS/ALL OTH OUTPTNT	10	22	958.36	43.56	.052	95.84	2.28
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,331
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

	420 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27		163 \$	49,793.05	\$ 305.48	.388	\$ 1844.19	\$ 118.55
COMM HOSP INPATIENT TOTAL	4		52	46,917.41	902.26	.124	11729.35	111.71
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4		52	46,917.41	902.26	.124	11729.35	111.71
ACCOMMODATIONS	4		52	39,619.80	761.92	.124	9904.95	94.33
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4		52	39,619.80	761.92	.124	9904.95	94.33
ANCILLARIES	4		0	7,297.61	.00	.000	1824.40	17.38
INPATIENT CROSSTOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	24		111	2,875.64	25.91	.264	119.82	6.85
MEDICAL	5		5	245.67	49.13	.012	49.13	.58
SURGERY	1		1	53.21	53.21	.002	53.21	.13
PATHOLOGY	13		60	496.38	8.27	.143	38.18	1.18
RADIOLOGY	6		8	604.86	75.61	.019	100.81	1.44
ROOM USE	10		15	517.16	34.48	.036	51.72	1.23
CROSSTOVERS/ALL OTH OUTPTNT	10		22	958.36	43.56	.052	95.84	2.28
@STATE HOSPITAL	0		0 \$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0 \$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	11	18	\$	293.67	\$ 16.32	.043	\$ 26.70	\$.70
PATHOLOGY	11	18		293.67	16.32	.043	26.70	.70
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	17	22	\$	3,153.62	\$ 143.35	.052	\$ 185.51	\$ 7.51
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	17	22		3,153.62	143.35	.052	185.51	7.51

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,332
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

420 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	6	179	\$ 1,157.35	\$ 6.47	.426 \$ 192.89 \$ 2.76
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	1	174	732.35	4.21	.414 732.35 1.74
AMBULANCES/AIR TRANS	1	174	732.35	4.21	.414 732.35 1.74
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	5	5	425.00	85.00	.012 85.00 1.01
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00
PROSTHETICS	0	0	.00	.00	.000 .00 .00
ORTHOTICS	0	0	.00	.00	.000 .00 .00
PSYCHOLOGIST	0	0	.00	.00	.000 .00 .00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000 .00 .00
HOSPICE SERVICES	0	0	.00	.00	.000 .00 .00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000 .00 .00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000 .00 .00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000 .00 .00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000 .00 .00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000 .00 .00

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 7,333

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

MODOC COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

146 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	135	789	\$ 38,921.07	\$ 49.33	5.404	\$ 288.30	\$ 266.58
@PHYSICIANS SERVICES	16	22	\$ 989.73	\$ 44.99	.151	\$ 61.86	\$ 6.78
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	16	22	989.73	44.99	.151	61.86	6.78
@PHARMACY	119	518	\$ 26,723.31	\$ 51.59	3.548	\$ 224.57	\$ 183.04
PRESCRIPTION DRUGS	119	497	25,671.21	51.65	3.404	215.72	175.83
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	119	497	25,671.21	51.65	3.404	215.72	175.83
MEDICAL SUPPLIES	7	21	1,052.10	50.10	.144	150.30	7.21
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002					PAGE 7,334	
MOP024	FEE-FOR-SERVICE/DENTAL					01/17/03	
MODOC COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED					AID CODE 16	
					----- MONTHLY AVERAGE -----		
146 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	10	13	\$ 265.39	\$ 20.41	.089	\$ 26.54	\$ 1.82
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	4	6	96.84	16.14	.041	24.21	.66
OTHER OPTOMETRIC SERVICES	6	7	168.55	24.08	.048	28.09	1.15
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 110.15	\$ 55.08	.014	\$ 55.08	\$.75
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	110.15	55.08	.014	55.08	.75
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	28	78	\$ 2,375.34	\$ 30.45	.534	\$ 84.83	\$ 16.27
HOSP INPATIENT TOTAL	1	2	812.00	406.00	.014	812.00	5.56
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	2	812.00	406.00	.014	812.00	5.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	28	76	1,563.34	20.57	.521	55.83	10.71
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	28	76	1,563.34	20.57	.521	55.83	10.71
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,335
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

146 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28	78	\$ 2,375.34	\$ 30.45	.534	\$ 84.83	\$ 16.27
COMM HOSP INPATIENT TOTAL	1	2	812.00	406.00	.014	812.00	5.56
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	2	812.00	406.00	.014	812.00	5.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	28	76	1,563.34	20.57	.521	55.83	10.71
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	28	76	1,563.34	20.57	.521	55.83	10.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	7	\$ 1,394.80	\$ 199.26	.048	\$ 1394.80	\$ 9.55
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	7	1,394.80	199.26	.048	1394.80	9.55
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$ 29.89	\$ 29.89	.007	\$ 29.89	\$.20
HOSPITAL BASED	1	1	29.89	29.89	.007	29.89	.20
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	53	99	\$	5,028.12	\$	50.79	.678	\$	94.87	\$	34.44
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	53	99		5,028.12		50.79	.678		94.87		34.44

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,336
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

146 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17	49	\$ 2,004.34	\$ 40.90	.336	\$ 117.90	\$ 13.73
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	6	915.39	152.57	.041	457.70	6.27
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	123.80	20.63	.041	41.27	.85
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	37	965.15	26.09	.253	80.43	6.61
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	55	147	\$ 4,831.80	\$ 32.87	1.007	\$ 87.85	\$ 33.09

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,337
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND	AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,338
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,339
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND						AID CODES 26 6A
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 7,340
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A										

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000		.00
BLOOD BANK	0	0		.00	.000		.00
HEARING AID DISPENSERS	0	0		.00	.000		.00
MEDICAL TRANSPORTATION	0	0		.00	.000		.00
AMBULANCES/AIR TRANS	0	0		.00	.000		.00
OTHER TRANS	0	0		.00	.000		.00
OTHER SERVICES	0	0		.00	.000		.00
ACUPUNCTURE	0	0		.00	.000		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000		.00
GENETIC DISEASE TESTING	0	0		.00	.000		.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000		.00
OCCUPATIONAL THERAPIST	0	0		.00	.000		.00
OPTICIAN	0	0		.00	.000		.00
PHYSICAL THERAPIST	0	0		.00	.000		.00
PORTABLE X-RAY	0	0		.00	.000		.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000		.00
PROSTHETICS	0	0		.00	.000		.00
ORTHOTICS	0	0		.00	.000		.00
PSYCHOLOGIST	0	0		.00	.000		.00
SPEECH AND AUDIOLOGY	0	0		.00	.000		.00
HOSPICE SERVICES	0	0		.00	.000		.00
NONINST BIRTHING CENTERS	0	0		.00	.000		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000		.00
RESPIRATORY CARE PRACT.	0	0		.00	.000		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000		.00
ALL OTHER PROVIDERS	0	0		.00	.000		.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 7,341
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C										

80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	58	177	\$	10,663.69	\$	60.25	2.213	\$	183.86	\$	133.30
@PHYSICIANS SERVICES	3	4	\$	127.59	\$	31.90	.050	\$	42.53	\$	1.59
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	4		127.59		31.90	.050		42.53		1.59
@PHARMACY	55	144	\$	7,165.11	\$	49.76	1.800	\$	130.27	\$	89.56
PRESCRIPTION DRUGS	55	144		7,165.11		49.76	1.800		130.27		89.56

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	55	144	7,165.11	49.76	1.800	130.27	89.56
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

PAGE 7,342
01/17/03

80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	2	\$ 22.15	\$ 11.08	.025	\$ 11.08	\$.28
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	2	22.15	11.08	.025	11.08	.28
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	22.15	11.08	.025	11.08	.28
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,343
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C						

80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	2	\$ 22.15	\$ 11.08	.025	\$ 11.08	\$.28
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	2	22.15	11.08	.025	11.08	.28
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	22.15	11.08	.025	11.08	.28
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	16	26	\$ 3,302.81	\$ 127.03	.325	\$ 206.43	\$ 41.29
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	16	26	3,302.81	127.03	.325	206.43	41.29

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,344
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 46.03	\$ 46.03	.013	\$ 46.03	\$.58
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	46.03	46.03	.013	46.03	.58
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	6	9	\$ 269.81	\$ 29.98	.113	\$ 44.97	\$ 3.37

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000		\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000		\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000		\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

PAGE 7,346
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,347
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,348
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 7,349

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	193	966	\$ 49,584.76	\$ 51.33	4.274	\$ 256.92	\$ 219.40
@PHYSICIANS SERVICES	19	26	\$ 1,117.32	\$ 42.97	.115	\$ 58.81	\$ 4.94
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	19	26	1,117.32	42.97	.115	58.81	4.94
@PHARMACY	174	662	\$ 33,888.42	\$ 51.19	2.929	\$ 194.76	\$ 149.95
PRESCRIPTION DRUGS	174	641	32,836.32	51.23	2.836	188.71	145.29
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	174	641	32,836.32	51.23	2.836	188.71	145.29
MEDICAL SUPPLIES	7	21	1,052.10	50.10	.093	150.30	4.66
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,350
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	10	13	\$ 265.39	\$ 20.41	.058	\$ 26.54	\$ 1.17	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	4	6	96.84	16.14	.027	24.21	.43	
OTHER OPTOMETRIC SERVICES	6	7	168.55	24.08	.031	28.09	.75	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	2	2	\$ 110.15	\$ 55.08	.009	\$ 55.08	\$.49	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	2	2	110.15	55.08	.009	55.08	.49	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	30	80	\$ 2,397.49	\$ 29.97	.354	\$ 79.92	\$ 10.61	
HOSP INPATIENT TOTAL	1	2	812.00	406.00	.009	812.00	3.59	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	1	2	812.00	406.00	.009	812.00	3.59	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	30	78	1,585.49	20.33	.345	52.85	7.02	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	30	78	1,585.49	20.33	.345	52.85	7.02	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,351
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	30	80	\$ 2,397.49	\$ 29.97	.354	\$ 79.92	\$ 10.61
COMM HOSP INPATIENT TOTAL	1	2	812.00	406.00	.009	812.00	3.59
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	2	812.00	406.00	.009	812.00	3.59
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	30	78	1,585.49	20.33	.345	52.85	7.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	30	78		1,585.49	20.33	.345	52.85	7.02
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	7	\$	1,394.80	\$ 199.26	.031	\$ 1394.80	\$ 6.17
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	7		1,394.80	199.26	.031	1394.80	6.17
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$	29.89	\$ 29.89	.004	\$ 29.89	\$.13
HOSPITAL BASED	1	1		29.89	29.89	.004	29.89	.13
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	69	125	\$	8,330.93	\$ 66.65	.553	\$ 120.74	\$ 36.86
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	69	125		8,330.93	66.65	.553	120.74	36.86

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD

PAGE 7,352 01/17/03

226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	18	50	\$ 2,050.37	\$ 41.01	.221	\$ 113.91	\$ 9.07
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	6	915.39	152.57	.027	457.70	4.05
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	123.80	20.63	.027	41.27	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	38	1,011.18	26.61	.168	77.78	4.47
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	61	156	\$ 5,101.61	\$ 32.70	.690	\$ 83.63	\$ 22.57

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,353
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED	AID CODE 18

202 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	179	3,194	\$ 127,053.92	\$ 39.78	15.812	\$ 709.80	\$ 628.98
@PHYSICIANS SERVICES	19	169	\$ 603.47	\$ 3.57	.837	\$ 31.76	\$ 2.99
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	19	169	603.47	3.57	.837	31.76	2.99
@PHARMACY	139	1,777	\$ 35,464.02	\$ 19.96	8.797	\$ 255.14	\$ 175.56
PRESCRIPTION DRUGS	137	655	30,658.72	46.81	3.243	223.79	151.78
SNF/ICF	10	64	2,750.87	42.98	.317	275.09	13.62
OUTPATIENTS	130	591	27,907.85	47.22	2.926	214.68	138.16
MEDICAL SUPPLIES	22	1,122	4,805.30	4.28	5.554	218.42	23.79
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,354
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

202 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	6	\$ 109.92	\$ 18.32	.030	\$ 36.64	\$.54
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	5	84.91	16.98	.025	42.46	.42
OTHER OPTOMETRIC SERVICES	1	1	25.01	25.01	.005	25.01	.12
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 1.82	\$ 1.82	.005	\$ 1.82	\$.01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	1.82	1.82	.005	1.82	.01
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	31	110	\$ 4,097.34	\$ 37.25	.545	\$ 132.17	\$ 20.28
HOSP INPATIENT TOTAL	3	7	2,349.72	335.67	.035	783.24	11.63
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	7	2,349.72	335.67	.035	783.24	11.63
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	31	103	1,747.62	16.97	.510	56.37	8.65
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	31	103	1,747.62	16.97	.510	56.37	8.65
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,355
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

202 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	31	110	\$ 4,097.34	\$ 37.25	.545	\$ 132.17	\$ 20.28
COMM HOSP INPATIENT TOTAL	3	7	2,349.72	335.67	.035	783.24	11.63
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	7	2,349.72	335.67	.035	783.24	11.63
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	31	103	1,747.62	16.97	.510	56.37	8.65
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	31	103	1,747.62	16.97	.510	56.37	8.65
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	13	440	\$ 80,022.62	\$ 181.87	2.178	\$ 6155.59	\$ 396.15
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	13	440	80,022.62	181.87	2.178	6155.59	396.15
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	8.20	\$	8.20	.005	\$	8.20	\$	.04
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	1		8.20		8.20	.005		8.20		.04
@ORGANIZED OUTPATIENT CLINIC	56	102	\$	4,012.08	\$	39.33	.505	\$	71.64	\$	19.86
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	56	102		4,012.08		39.33	.505		71.64		19.86

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,356
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MODOC COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

202 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	48	588	\$ 2,734.45	\$ 4.65	2.911	\$ 56.97	\$ 13.54
DURABLE MED. EQUIP.	2	2	101.86	50.93	.010	50.93	.50
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	7	244.59	34.94	.035	122.30	1.21
AMBULANCES/AIR TRANS	1	6	135.95	22.66	.030	135.95	.67
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	108.64	108.64	.005	108.64	.54
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	5	87.98	17.60	.025	43.99	.44
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	42.90	42.90	.005	42.90	.21
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	42	573	2,257.12	3.94	2.837	53.74	11.17
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	80	375	\$ 7,173.85	\$ 19.13	1.856	\$ 89.67	\$ 35.51

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,357
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,358
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,359
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	0	0	.00	.00	.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$	.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,360
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND						AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

PAGE 7,361
01/17/03

102 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	86	1,449	\$ 93,957.47	\$ 64.84	14.206	\$ 1092.53	\$ 921.15	
@PHYSICIANS SERVICES	15	31	\$ 3,741.16	\$ 120.68	.304	\$ 249.41	\$ 36.68	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	2	3	182.91	60.97	.029	91.46	1.79	
HOSPITAL VISITS	2	3	182.91	60.97	.029	91.46	1.79	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	2	4	3,032.52	758.13	.039	1516.26	29.73	
PRINCIPAL SURGEON	2	3	2,657.99	886.00	.029	1329.00	26.06	
ASSISTANT SURGEON	1	1	374.53	374.53	.010	374.53	3.67	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	

RADIOLOGY	1	4		30.98		7.75	.039	30.98	.30
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	11	20		494.75		24.74	.196	44.98	4.85
@PHARMACY	79	686	\$	37,726.16	\$	54.99	6.725	477.55	369.86
PRESCRIPTION DRUGS	79	570		33,920.86		59.51	5.588	429.38	332.56
SNF/ICF	11	43		2,389.08		55.56	.422	217.19	23.42
OUTPATIENTS	70	527		31,531.78		59.83	5.167	450.45	309.14
MEDICAL SUPPLIES	15	116		3,805.30		32.80	1.137	253.69	37.31
@DENTIST	5	8	\$	701.00	\$	87.63	.078	140.20	6.87
VISITS - DIAGNOSTIC	3	6		101.00		16.83	.059	33.67	.99
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	1	1		260.00		260.00	.010	260.00	2.55
RESTORATIVE DENTISTRY	1	1		340.00		340.00	.010	340.00	3.33
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
MODOC COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								
	AID CODE 68								
	----- MONTHLY AVERAGE -----								
102 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	2	\$	69.30	\$	34.65	.020	\$ 34.65	\$.68
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00	.00
EYE APPLIANCES	1	2		31.80		15.90	.020	31.80	.31
OTHER OPTOMETRIC SERVICES	1	0		37.50		.00	.000	37.50	.37
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	23	93	\$	12,520.40	\$	134.63	.912	\$ 544.37	\$ 122.75
HOSP INPATIENT TOTAL	5	21		11,396.70		542.70	.206	2279.34	111.73
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	10		10,309.67		1030.97	.098	3436.56	101.08
ACCOMMODATIONS	3	10		7,656.09		765.61	.098	2552.03	75.06
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	3	10		7,656.09		765.61	.098	2552.03	75.06
ANCILLARIES	3	0		2,653.58		.00	.000	884.53	26.02

INPATIENT CROSSOVERS	2	11	1,087.03	98.82	.108	543.52	10.66
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	20	72	1,123.70	15.61	.706	56.19	11.02
MEDICAL	2	6	141.76	23.63	.059	70.88	1.39
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	18	159.98	8.89	.176	53.33	1.57
RADIOLOGY	3	3	91.18	30.39	.029	30.39	.89
ROOM USE	2	2	68.28	34.14	.020	34.14	.67
CROSSOVERS/ALL OTH OUTPTNT	19	43	662.50	15.41	.422	34.87	6.50
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

102 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	93	\$ 12,520.40	\$ 134.63	.912	\$ 544.37	\$ 122.75
COMM HOSP INPATIENT TOTAL	5	21	11,396.70	542.70	.206	2279.34	111.73
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	10	10,309.67	1030.97	.098	3436.56	101.08
ACCOMMODATIONS	3	10	7,656.09	765.61	.098	2552.03	75.06
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	10	7,656.09	765.61	.098	2552.03	75.06
ANCILLARIES	3	0	2,653.58	.00	.000	884.53	26.02
INPATIENT CROSSOVERS	2	11	1,087.03	98.82	.108	543.52	10.66
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	20	72	1,123.70	15.61	.706	56.19	11.02
MEDICAL	2	6	141.76	23.63	.059	70.88	1.39
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	18	159.98	8.89	.176	53.33	1.57
RADIOLOGY	3	3	91.18	30.39	.029	30.39	.89
ROOM USE	2	2	68.28	34.14	.020	34.14	.67
CROSSOVERS/ALL OTH OUTPTNT	19	43	662.50	15.41	.422	34.87	6.50
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	9	259	\$ 29,839.39	\$ 115.21	2.539	\$ 3315.49	\$ 292.54
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	9	259		29,839.39	115.21	2.539	3315.49	292.54
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	5.32	\$ 5.32	.010	\$ 5.32	\$.05
PATHOLOGY	1	1		5.32	5.32	.010	5.32	.05
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	40	82	\$	3,353.06	\$ 40.89	.804	\$ 83.83	\$ 32.87
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	40	82		3,353.06	40.89	.804	83.83	32.87

#CALIF DEPT OF HEALTH SERV MOP024
MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED
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102 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	21	287	\$ 6,001.68	\$ 20.91	2.814	\$ 285.79	\$ 58.84
DURABLE MED. EQUIP.	2	4	2,650.58	662.65	.039	1325.29	25.99
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	96	2,448.58	25.51	.941	816.19	24.01
AMBULANCES/AIR TRANS	2	95	1,173.58	12.35	.931	586.79	11.51
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,275.00	1275.00	.010	1275.00	12.50
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.020	26.08	.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	16	185		876.44		4.74	1.814	54.78	8.59
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	39	81	\$	2,671.86	\$	32.99	.794	\$.68.51	\$.26.19

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

304 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	265	4,643	\$ 221,011.39	\$ 47.60	15.273	\$ 834.01	\$ 727.01	
@PHYSICIANS SERVICES	34	200	\$ 4,344.63	\$ 21.72	.658	\$ 127.78	\$ 14.29	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	2	3	182.91	60.97	.010	91.46	.60	
HOSPITAL VISITS	2	3	182.91	60.97	.010	91.46	.60	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	2	4	3,032.52	758.13	.013	1516.26	9.98	
PRINCIPAL SURGEON	2	3	2,657.99	886.00	.010	1329.00	8.74	
ASSISTANT SURGEON	1	1	374.53	374.53	.003	374.53	1.23	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	1	4	30.98	7.75	.013	30.98	.10	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	30	189	1,098.22	5.81	.622	36.61	3.61	
@PHARMACY	218	2,463	\$ 73,190.18	\$ 29.72	8.102	\$ 335.73	\$ 240.76	
PRESCRIPTION DRUGS	216	1,225	64,579.58	52.72	4.030	298.98	212.43	
SNF/ICF	21	107	5,139.95	48.04	.352	244.76	16.91	
OUTPATIENTS	200	1,118	59,439.63	53.17	3.678	297.20	195.53	
MEDICAL SUPPLIES	37	1,238	8,610.60	6.96	4.072	232.72	28.32	
@DENTIST	5	8	\$ 701.00	\$ 87.63	.026	\$ 140.20	\$ 2.31	
VISITS - DIAGNOSTIC	3	6	101.00	16.83	.020	33.67	.33	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	1	1	260.00	260.00	.003	260.00	.86	
RESTORATIVE DENTISTRY	1	1	340.00	340.00	.003	340.00	1.12	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

304 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	8	\$ 179.22	\$ 22.40	.026	\$ 35.84	\$.59
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	3	7	116.71	16.67	.023	38.90	.38
OTHER OPTOMETRIC SERVICES	2	1	62.51	62.51	.003	31.26	.21
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 1.82	\$ 1.82	.003	\$ 1.82	\$.01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	1.82	1.82	.003	1.82	.01
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	54	203	\$ 16,617.74	\$ 81.86	.668	\$ 307.74	\$ 54.66
HOSP INPATIENT TOTAL	8	28	13,746.42	490.94	.092	1718.30	45.22
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	3	10	10,309.67	1030.97	.033	3436.56	33.91
ACCOMMODATIONS	3	10	7,656.09	765.61	.033	2552.03	25.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	10	7,656.09	765.61	.033	2552.03	25.18
ANCILLARIES	3	0	2,653.58	.00	.000	884.53	8.73
INPATIENT CROSSOVERS	5	18	3,436.75	190.93	.059	687.35	11.31
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	51	175	2,871.32	16.41	.576	56.30	9.45
MEDICAL	2	6	141.76	23.63	.020	70.88	.47
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	18	159.98	8.89	.059	53.33	.53
RADIOLOGY	3	3	91.18	30.39	.010	30.39	.30
ROOM USE	2	2	68.28	34.14	.007	34.14	.22
CROSSOVERS/ALL OTH OUTPTNT	50	146	2,410.12	16.51	.480	48.20	7.93
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,367
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

304 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	54	203	\$ 16,617.74	\$ 81.86	.668	\$ 307.74	\$ 54.66
COMM HOSP INPATIENT TOTAL	8	28	13,746.42	490.94	.092	1718.30	45.22
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	10	10,309.67	1030.97	.033	3436.56	33.91
ACCOMMODATIONS	3	10	7,656.09	765.61	.033	2552.03	25.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	10	7,656.09	765.61	.033	2552.03	25.18
ANCILLARIES	3	0	2,653.58	.00	.000	884.53	8.73
INPATIENT CROSSOVERS	5	18	3,436.75	190.93	.059	687.35	11.31
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	51	175	2,871.32	16.41	.576	56.30	9.45
MEDICAL	2	6	141.76	23.63	.020	70.88	.47
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	18	159.98	8.89	.059	53.33	.53
RADIOLOGY	3	3	91.18	30.39	.010	30.39	.30
ROOM USE	2	2	68.28	34.14	.007	34.14	.22

CROSSOVERS/ALL OTH OUTPTNT	50	146		2,410.12		16.51	.480	48.20	7.93
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	22	699	\$	109,862.01	\$	157.17	2.299	\$ 4993.73	\$ 361.39
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	22	699		109,862.01		157.17	2.299	4993.73	361.39
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$	13.52	\$	6.76	.007	\$ 6.76	\$.04
PATHOLOGY	1	1		5.32		5.32	.003	5.32	.02
XO AND OTHERS	1	1		8.20		8.20	.003	8.20	.03
@ORGANIZED OUTPATIENT CLINIC	96	184	\$	7,365.14	\$	40.03	.605	\$ 76.72	\$ 24.23
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	96	184		7,365.14		40.03	.605	76.72	24.23

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,368
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

304 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	69	875	\$ 8,736.13	\$ 9.98	2.878	\$ 126.61	\$ 28.74
DURABLE MED. EQUIP.	4	6	2,752.44	458.74	.020	688.11	9.05
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	103	2,693.17	26.15	.339	538.63	8.86
AMBULANCES/AIR TRANS	3	101	1,309.53	12.97	.332	436.51	4.31
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	1,383.64	691.82	.007	691.82	4.55
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	7	114.06	16.29	.023	38.02	.38
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	42.90	42.90	.003	42.90	.14

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	58	758	3,133.56	4.13	2.493	54.03	10.31
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	119	456	\$ 9,845.71	\$ 21.59	1.500	\$ 82.74	\$ 32.39

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,369
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

1,008 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	832	8,465	\$ 470,383.60	\$ 55.57	8.398	\$ 565.36	\$ 466.65
@PHYSICIANS SERVICES	107	428	\$ 4,594.59	\$ 10.74	.425	\$ 42.94	\$ 4.56
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	107	428	4,594.59	10.74	.425	42.94	4.56
@PHARMACY	713	4,625	\$ 172,945.44	\$ 37.39	4.588	\$ 242.56	\$ 171.57
PRESCRIPTION DRUGS	710	3,099	165,848.00	53.52	3.074	233.59	164.53
SNF/ICF	36	189	9,863.08	52.19	.188	273.97	9.78
OUTPATIENTS	683	2,910	155,984.92	53.60	2.887	228.38	154.75
MEDICAL SUPPLIES	48	1,526	7,097.44	4.65	1.514	147.86	7.04
@DENTIST	3	7	\$ 995.00	\$ 142.14	.007	\$ 331.67	\$.99
VISITS - DIAGNOSTIC	2	3	45.00	15.00	.003	22.50	.04
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	.00	.00	.001	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	950.00	316.67	.003	475.00	.94
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,370
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

1,008 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	39	86	\$ 1,417.15	\$ 16.48	.085	\$ 36.34	\$ 1.41
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.002	47.45	.09
EYE APPLIANCES	18	45	732.27	16.27	.045	40.68	.73
OTHER OPTOMETRIC SERVICES	21	39	589.98	15.13	.039	28.09	.59
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 111.97	\$ 37.32	.003	\$ 37.32	\$.11
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	111.97	37.32	.003	37.32	.11
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	154	703	\$ 23,506.65	\$ 33.44	.697	\$ 152.64	\$ 23.32
HOSP INPATIENT TOTAL	15	60	11,243.41	187.39	.060	749.56	11.15
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	15	60	11,243.41	187.39	.060	749.56	11.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	145	643	12,263.24	19.07	.638	84.57	12.17
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	145	643	12,263.24	19.07	.638	84.57	12.17
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,371
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
1,008 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	154	703	\$ 23,506.65	\$ 33.44	.697	\$ 152.64	\$ 23.32	
COMM HOSP INPATIENT TOTAL	15	60	11,243.41	187.39	.060	749.56	11.15	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	15	60	11,243.41	187.39	.060	749.56	11.15	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	145	643		12,263.24	19.07	.638	84.57	12.17
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	145	643		12,263.24	19.07	.638	84.57	12.17
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	43	1,151	\$	222,123.87	\$ 192.98	1.142	\$ 5165.67	\$ 220.36
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	43	1,151		222,123.87	192.98	1.142	5165.67	220.36
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	11	\$	5,813.17	\$ 528.47	.011	\$ 645.91	\$ 5.77
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	11		5,813.17	528.47	.011	645.91	5.77
@REHABILITATION FACILITY	1	1	\$	29.89	\$ 29.89	.001	\$ 29.89	\$.03
HOSPITAL BASED	1	1		29.89	29.89	.001	29.89	.03
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$	10.69	\$ 5.35	.002	\$ 5.35	\$.01
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	2	2		10.69	5.35	.002	5.35	.01
@ORGANIZED OUTPATIENT CLINIC	300	574	\$	27,226.25	\$ 47.43	.569	\$ 90.75	\$ 27.01
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	300	574		27,226.25	47.43	.569	90.75	27.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

1,008 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	159	874	\$ 11,608.93	\$ 13.28	.867	\$ 73.01	\$ 11.52
DURABLE MED. EQUIP.	3	3	143.39	47.80	.003	47.80	.14
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	9	2,073.21	230.36	.009	518.30	2.06
MEDICAL TRANSPORTATION	2	7	244.59	34.94	.007	122.30	.24
AMBULANCES/AIR TRANS	1	6	135.95	22.66	.006	135.95	.13
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	108.64	108.64	.001	108.64	.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	20	49	618.50	12.62	.049	30.93	.61
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	88.30	44.15	.002	44.15	.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	130	804	8,440.94	10.50	.798	64.93	8.37
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	349	1,464	\$ 51,605.35	\$ 35.25	1.452	\$ 147.87	\$ 51.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,373
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	30	273	\$ 9,615.09	\$ 35.22	13.000	\$ 320.50	\$ 457.86
@PHYSICIANS SERVICES	4	15	\$ 94.20	\$ 6.28	.714	\$ 23.55	\$ 4.49
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	15	94.20	6.28	.714	23.55	4.49
@PHARMACY	28	199	\$ 7,835.22	\$ 39.37	9.476	\$ 279.83	\$ 373.11
PRESCRIPTION DRUGS	26	134	7,096.49	52.96	6.381	272.94	337.93

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	26	134	7,096.49	52.96	6.381	272.94	337.93
MEDICAL SUPPLIES	2	65	738.73	11.37	3.095	369.37	35.18
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

PAGE 7,374
01/17/03

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	8	\$ 395.12	\$ 49.39	.381	\$ 56.45	\$ 18.82
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	8	395.12	49.39	.381	56.45	18.82
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	7	8	395.12	49.39	.381	56.45	18.82
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,375
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND						

						----- MONTHLY AVERAGE -----		
21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	7	8	\$ 395.12	\$ 49.39	.381	\$ 56.45	\$ 18.82	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	7	8	395.12	49.39	.381	56.45	18.82	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	7	8	395.12	49.39	.381	56.45	18.82	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	

ICF DDH	0	0		.00		.00	.000	.00	.00	
ICF DD	0	0		.00		.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00	
@LABORATORY FACILITY	1	1	\$	22.59	\$	22.59	.048	\$ 22.59	\$ 1.08	
PATHOLOGY	1	1		22.59		22.59	.048	22.59	1.08	
XO AND OTHERS	0	0		.00		.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	8	16	\$	434.22	\$	27.14	.762	\$ 54.28	\$ 20.68	
CLINIC	0	0		.00		.00	.000	.00	.00	
SURGICENTER	0	0		.00		.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00	
RURAL HEALTH CLINIC	8	16		434.22		27.14	.762	54.28	20.68	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									PAGE 7,376
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND									

					----- MONTHLY AVERAGE -----			
21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	34	\$	833.74	\$ 24.52	1.619	\$ 83.37	\$ 39.70
DURABLE MED. EQUIP.	1	1		168.28	168.28	.048	168.28	8.01
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	33		665.46	20.17	1.571	66.55	31.69
@CALIF. CHILDREN SERVICES*	2	65	\$	738.73	\$ 11.37	3.095	\$ 369.37	\$ 35.18
@XOVER EXCLUDING STATE HOSP**	15	57	\$	1,191.80	\$ 20.91	2.714	\$ 79.45	\$ 56.75

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,377
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED	

3,777 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,205	53,165	\$ 2,893,026.48	\$ 54.42	14.076	\$ 902.66	\$ 765.96
@PHYSICIANS SERVICES	687	2,296	\$ 126,811.00	\$ 55.23	.608	\$ 184.59	\$ 33.57
OUTPATIENT VISITS	345	478	17,397.13	36.40	.127	50.43	4.61
OFFICE VISITS	294	402	13,256.79	32.98	.106	45.09	3.51
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	42	46	2,807.17	61.03	.012	66.84	.74
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	8	549.67	68.71	.002	91.61	.15
OTHER OUTPATIENT	21	22	783.50	35.61	.006	37.31	.21
INPATIENT VISITS	56	241	11,973.31	49.68	.064	213.81	3.17
HOSPITAL VISITS	42	194	8,990.41	46.34	.051	214.06	2.38
CRITICAL CARE	7	20	2,369.30	118.47	.005	338.47	.63
SNF/ICF/TRANS IP CARE	14	27	613.60	22.73	.007	43.83	.16
OPHTHALMOLOGICAL SERVICES	9	9	417.50	46.39	.002	46.39	.11
EXAMINATIONS	9	9	417.50	46.39	.002	46.39	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	39	307	41,535.25	135.29	.081	1065.01	11.00
PRINCIPAL SURGEON	33	56	34,140.48	609.65	.015	1034.56	9.04
ASSISTANT SURGEON	7	7	2,174.22	310.60	.002	310.60	.58
ANESTHESIOLOGIST	13	244	5,220.55	21.40	.065	401.58	1.38
OUTPATIENT SURGERY	62	108	13,802.75	127.80	.029	222.63	3.65
PRINCIPAL SURGEON	57	70	12,422.11	177.46	.019	217.93	3.29
ASSISTANT SURGEON	2	2	254.72	127.36	.001	127.36	.07
ANESTHESIOLOGIST	7	36	1,125.92	31.28	.010	160.85	.30
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	64	84	1,406.15	16.74	.022	21.97	.37

RADIOLOGY	131	266		11,603.09		43.62	.070	88.57	3.07
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	24	41		487.86		11.90	.011	20.33	.13
OTHER SERVICES/ALL X-OVERS	256	762		28,187.96		36.99	.202	110.11	7.46
@PHARMACY	2,707	17,893	\$	1,018,140.00	\$	56.90	4.737	\$ 376.11	\$ 269.56
PRESCRIPTION DRUGS	2,675	13,244		990,881.12		74.82	3.506	370.42	262.35
SNF/ICF	92	608		43,101.88		70.89	.161	468.50	11.41
OUTPATIENTS	2,592	12,636		947,779.24		75.01	3.346	365.66	250.93
MEDICAL SUPPLIES	196	4,649		27,258.88		5.86	1.231	139.08	7.22
@DENTIST	47	196	\$	15,289.00	\$	78.01	.052	\$ 325.30	\$ 4.05
VISITS - DIAGNOSTIC	20	65		960.00		14.77	.017	48.00	.25
ORAL SURGERY	7	25		1,051.00		42.04	.007	150.14	.28
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	2	2		200.00		100.00	.001	100.00	.05
PERIODONTICS	2	3		400.00		133.33	.001	200.00	.11
ENDODONTICS	5	5		1,151.00		230.20	.001	230.20	.30
RESTORATIVE DENTISTRY	17	56		7,485.00		133.66	.015	440.29	1.98
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	12	34		3,992.00		117.41	.009	332.67	1.06
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	2	6		50.00		8.33	.002	25.00	.01
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002					PAGE 7,378
MOP024				FEE-FOR-SERVICE/DENTAL					01/17/03
MODOC COUNTY				SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED					

3,777 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	192	472	\$ 9,811.21	\$ 20.79	.125	\$ 51.10	\$ 2.60
DIAGNOSTIC AND ANC. PROCED	85	112	3,586.52	32.02	.030	42.19	.95
EYE APPLIANCES	101	263	4,244.09	16.14	.070	42.02	1.12
OTHER OPTOMETRIC SERVICES	75	97	1,980.60	20.42	.026	26.41	.52
@CHIROPRACTOR	5	8	\$ 127.57	\$ 15.95	.002	\$ 25.51	\$.03
VISITS	5	8	127.57	15.95	.002	25.51	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	58	\$ 4,341.88	\$ 74.86	.015	\$ 4341.88	\$ 1.15
NURSE ANESTHESIST	1	13	\$ 26.37	\$ 2.03	.003	\$ 26.37	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	922	4,776	\$ 837,890.38	\$ 175.44	1.264	\$ 908.77	\$ 221.84
HOSP INPATIENT TOTAL	68	314	711,432.82	2265.71	.083	10462.25	188.36
HSC HOSPITALS	3	16	17,808.00	1113.00	.004	5936.00	4.71
NON-HSC HOSPITAL TOTAL	45	241	680,363.07	2823.08	.064	15119.18	180.13
ACCOMMODATIONS	43	241	151,823.06	629.97	.064	3530.77	40.20
ADMINISTRATIVE DAYS	1	2	450.99	225.50	.001	450.99	.12
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	43	239	151,372.07	633.36	.063	3520.28	40.08
ANCILLARIES	45	0	528,540.01	.00	.000	11745.33	139.94

INPATIENT CROSSOVERS	20	57		13,261.75	232.66	.015	663.09	3.51
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	888	4,462		126,457.56	28.34	1.181	142.41	33.48
MEDICAL	264	536		17,534.91	32.71	.142	66.42	4.64
SURGERY	57	68		6,787.40	99.81	.018	119.08	1.80
PATHOLOGY	350	1,414		14,611.74	10.33	.374	41.75	3.87
RADIOLOGY	247	348		32,704.42	93.98	.092	132.41	8.66
ROOM USE	246	392		17,596.18	44.89	.104	71.53	4.66
CROSSOVERS/ALL OTH OUTPTNT	463	1,704		37,222.91	21.84	.451	80.40	9.86
@COUNTY HOSPITAL TOTAL	2	18	\$	204.41	\$ 11.36	.005	\$ 102.21	\$.05
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	18		204.41	11.36	.005	102.21	.05
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	16		130.78	8.17	.004	65.39	.03
RADIOLOGY	1	1		39.20	39.20	.000	39.20	.01
ROOM USE	1	1		34.43	34.43	.000	34.43	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

	3,777 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	920	4,758	\$	837,685.97	\$ 176.06	1.260	\$ 910.53	\$ 221.79
COMM HOSP INPATIENT TOTAL	68	314		711,432.82	2265.71	.083	10462.25	188.36
HSC HOSPITALS	3	16		17,808.00	1113.00	.004	5936.00	4.71
NON-HSC HOSPITALS TOTAL	45	241		680,363.07	2823.08	.064	15119.18	180.13
ACCOMMODATIONS	43	241		151,823.06	629.97	.064	3530.77	40.20
ADMINISTRATIVE DAYS	1	2		450.99	225.50	.001	450.99	.12
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	43	239		151,372.07	633.36	.063	3520.28	40.08
ANCILLARIES	45	0		528,540.01	.00	.000	11745.33	139.94
INPATIENT CROSSOVERS	20	57		13,261.75	232.66	.015	663.09	3.51
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	886	4,444		126,253.15	28.41	1.177	142.50	33.43
MEDICAL	264	536		17,534.91	32.71	.142	66.42	4.64
SURGERY	57	68		6,787.40	99.81	.018	119.08	1.80
PATHOLOGY	348	1,398		14,480.96	10.36	.370	41.61	3.83
RADIOLOGY	246	347		32,665.22	94.14	.092	132.79	8.65
ROOM USE	245	391		17,561.75	44.91	.104	71.68	4.65
CROSSOVERS/ALL OTH OUTPTNT	463	1,704		37,222.91	21.84	.451	80.40	9.86
@STATE HOSPITAL	7	549	\$	294,264.00	\$ 536.00	.145	\$ 42037.71	\$ 77.91
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	7	549		294,264.00	536.00	.145	42037.71	77.91
@NURSING FACILITY	49	1,303	\$	208,032.41	\$ 159.66	.345	\$ 4245.56	\$ 55.08
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	12	364		44,008.82		120.90	.096	3667.40	11.65	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00	
LEV B-REGULAR	37	939		164,023.59		174.68	.249	4433.07	43.43	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00	
ICF DD	0	0		.00		.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	9	14	\$	4,801.68	\$	342.98	.004	533.52	1.27	
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
HEMODIALYSIS CENTER	9	14		4,801.68		342.98	.004	533.52	1.27	
@REHABILITATION FACILITY	6	50	\$	982.42	\$	19.65	.013	163.74	.26	
HOSPITAL BASED	6	50		982.42		19.65	.013	163.74	.26	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00	
@LABORATORY FACILITY	324	1,352	\$	14,714.54	\$	10.88	.358	45.42	3.90	
PATHOLOGY	316	1,329		13,824.76		10.40	.352	43.75	3.66	
XO AND OTHERS	8	23		889.78		38.69	.006	111.22	.24	
@ORGANIZED OUTPATIENT CLINIC	1,406	2,625	\$	263,567.53	\$	100.41	.695	187.46	69.78	
CLINIC	4	9		180.04		20.00	.002	45.01	.05	
SURGICENTER	3	9		1,057.37		117.49	.002	352.46	.28	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00	
RURAL HEALTH CLINIC	1,403	2,607		262,330.12		100.63	.690	186.98	69.45	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									PAGE 7,380
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED									

3,777 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	485	21,560	\$ 94,226.49	\$ 4.37	5.708	\$ 194.28	\$ 24.95
DURABLE MED. EQUIP.	78	246	31,275.92	127.14	.065	400.97	8.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	6	320.14	53.36	.002	80.04	.08
MEDICAL TRANSPORTATION	50	1,092	21,737.29	19.91	.289	434.75	5.76
AMBULANCES/AIR TRANS	41	886	13,646.40	15.40	.235	332.84	3.61
OTHER TRANS	3	178	355.22	2.00	.047	118.41	.09
OTHER SERVICES	10	28	7,735.67	276.27	.007	773.57	2.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	265.00	88.33	.001	88.33	.07
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	90	212	2,529.53	11.93	.056	28.11	.67
PHYSICAL THERAPIST	6	59	657.46	11.14	.016	109.58	.17
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	12	28	5,605.96	200.21	.007	467.16	1.48
PROSTHETICS	9	23	5,349.68	232.59	.006	594.41	1.42
ORTHOTICS	3	5	256.28	51.26	.001	85.43	.07
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	17	451.74	26.57	.005	90.35	.12
HOSPICE SERVICES	0	0	38.36	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	58	1,594	11,402.01	7.15	.422	196.59	3.02
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	204	18,303		19,943.08		1.09	4.846	97.76	5.28
@CALIF. CHILDREN SERVICES*	58	514	\$	30,422.49	\$	59.19	.136	\$ 524.53	\$ 8.05
@XOVER EXCLUDING STATE HOSP**	517	8,751	\$	54,760.50	\$	6.26	2.317	\$ 105.92	\$ 14.50

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL

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MODOC COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
6,930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	3,406	18,434	\$ 934,425.64	\$ 50.69	2.660	\$ 274.35	\$ 134.84	
@PHYSICIANS SERVICES	679	2,066	\$ 79,849.55	\$ 38.65	.298	\$ 117.60	\$ 11.52	
OUTPATIENT VISITS	513	723	22,754.17	31.47	.104	44.36	3.28	
OFFICE VISITS	426	572	15,788.20	27.60	.083	37.06	2.28	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	84	90	3,131.50	34.79	.013	37.28	.45	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	36	56	3,649.72	65.17	.008	101.38	.53	
OTHER OUTPATIENT	4	5	184.75	36.95	.001	46.19	.03	
INPATIENT VISITS	26	123	10,080.07	81.95	.018	387.70	1.45	
HOSPITAL VISITS	19	51	2,507.99	49.18	.007	132.00	.36	
CRITICAL CARE	7	72	7,572.08	105.17	.010	1081.73	1.09	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	4	4	122.08	30.52	.001	30.52	.02	
EXAMINATIONS	4	4	122.08	30.52	.001	30.52	.02	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	30	280	13,675.90	48.84	.040	455.86	1.97	
PRINCIPAL SURGEON	21	26	11,669.64	448.83	.004	555.70	1.68	
ASSISTANT SURGEON	1	1	216.68	216.68	.000	216.68	.03	
ANESTHESIOLOGIST	11	253	1,789.58	7.07	.037	162.69	.26	

OUTPATIENT SURGERY	89	495		20,282.34		40.97	.071	227.89	2.93
PRINCIPAL SURGEON	76	95		17,426.85		183.44	.014	229.30	2.51
ASSISTANT SURGEON	2	2		269.54		134.77	.000	134.77	.04
ANESTHESIOLOGIST	16	398		2,585.95		6.50	.057	161.62	.37
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	96	131		986.32		7.53	.019	10.27	.14
RADIOLOGY	91	132		6,391.29		48.42	.019	70.23	.92
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	30	79		1,121.74		14.20	.011	37.39	.16
OTHER SERVICES/ALL X-OVERS	46	99		4,435.64		44.80	.014	96.43	.64
@PHARMACY	1,489	3,446	\$	183,526.27	\$	53.26	.497	\$ 123.25	\$ 26.48
PRESCRIPTION DRUGS	1,485	3,333		182,915.66		54.88	.481	123.18	26.39
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	1,485	3,333		182,915.66		54.88	.481	123.18	26.39
MEDICAL SUPPLIES	14	113		610.61		5.40	.016	43.62	.09
@DENTIST	75	439	\$	20,314.25	\$	46.27	.063	\$ 270.86	\$ 2.93
VISITS - DIAGNOSTIC	45	198		2,448.75		12.37	.029	54.42	.35
ORAL SURGERY	15	69		5,886.00		85.30	.010	392.40	.85
DRUGS	4	9		120.00		13.33	.001	30.00	.02
ANESTHESIA	7	7		700.00		100.00	.001	100.00	.10
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	8	38		2,959.00		77.87	.005	369.88	.43
RESTORATIVE DENTISTRY	16	84		5,648.50		67.24	.012	353.03	.82
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		.00		.00	.000	.00	.00
SPACE MAINTAINERS	2	3		422.00		140.67	.000	211.00	.06
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	19	27		2,130.00		78.89	.004	112.11	.31
ALL OTHER SERVICES	2	2		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

PAGE 7,382 01/17/03

6,930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	217	463	\$	10,263.41	\$ 22.17	.067	\$ 47.30	\$ 1.48
DIAGNOSTIC AND ANC. PROCED	125	136		5,524.66	40.62	.020	44.20	.80
EYE APPLIANCES	117	279		3,734.25	13.38	.040	31.92	.54
OTHER OPTOMETRIC SERVICES	40	48		1,004.50	20.93	.007	25.11	.14
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	811	3,036	\$	240,531.05	\$ 79.23	.438	\$ 296.59	\$ 34.71
HOSP INPATIENT TOTAL	32	104		152,823.34	1469.46	.015	4775.73	22.05
HSC HOSPITALS	2	10		15,175.00	1517.50	.001	7587.50	2.19

NON-HSC HOSPITAL TOTAL	30	94	137,648.34	1464.34	.014	4588.28	19.86
ACCOMMODATIONS	29	94	46,866.20	498.58	.014	1616.08	6.76
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	29	94	46,866.20	498.58	.014	1616.08	6.76
ANCILLARIES	30	0	90,782.14	.00	.000	3026.07	13.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	793	2,932	87,707.71	29.91	.423	110.60	12.66
MEDICAL	346	502	16,778.97	33.42	.072	48.49	2.42
SURGERY	75	75	8,119.31	108.26	.011	108.26	1.17
PATHOLOGY	294	829	8,253.94	9.96	.120	28.07	1.19
RADIOLOGY	278	396	25,352.97	64.02	.057	91.20	3.66
ROOM USE	373	479	21,293.22	44.45	.069	57.09	3.07
CROSSOVERS/ALL OTH OUTPTNT	335	651	7,909.30	12.15	.094	23.61	1.14
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					----- MONTHLY AVERAGE -----			
6,930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	811	3,036	\$ 240,531.05	\$ 79.23	.438	\$ 296.59	\$ 34.71	
COMM HOSP INPATIENT TOTAL	32	104	152,823.34	1469.46	.015	4775.73	22.05	
HSC HOSPITALS	2	10	15,175.00	1517.50	.001	7587.50	2.19	
NON-HSC HOSPITALS TOTAL	30	94	137,648.34	1464.34	.014	4588.28	19.86	
ACCOMMODATIONS	29	94	46,866.20	498.58	.014	1616.08	6.76	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	29	94	46,866.20	498.58	.014	1616.08	6.76	
ANCILLARIES	30	0	90,782.14	.00	.000	3026.07	13.10	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	793	2,932	87,707.71	29.91	.423	110.60	12.66	
MEDICAL	346	502	16,778.97	33.42	.072	48.49	2.42	
SURGERY	75	75	8,119.31	108.26	.011	108.26	1.17	
PATHOLOGY	294	829	8,253.94	9.96	.120	28.07	1.19	
RADIOLOGY	278	396	25,352.97	64.02	.057	91.20	3.66	
ROOM USE	373	479	21,293.22	44.45	.069	57.09	3.07	

CROSSOVERS/ALL OTH OUTPTNT	335	651		7,909.30		12.15	.094	23.61	1.14
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	5	7	\$	266.51	\$	38.07	.001	\$ 53.30	\$.04
HOSPITAL BASED	5	7		266.51		38.07	.001	53.30	.04
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	274	605	\$	10,969.65	\$	18.13	.087	\$ 40.04	\$ 1.58
PATHOLOGY	274	605		10,969.65		18.13	.087	40.04	1.58
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,723	2,706	\$	338,395.14	\$	125.05	.390	\$ 196.40	\$ 48.83
CLINIC	4	7		179.70		25.67	.001	44.93	.03
SURGICENTER	1	4		156.55		39.14	.001	156.55	.02
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1,718	2,695		338,058.89		125.44	.389	196.77	48.78

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

PAGE 7,384 01/17/03

					----- MONTHLY AVERAGE -----			
6,930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	352	5,666	\$ 50,309.81	\$ 8.88	.818	\$ 142.93	\$ 7.26	
DURABLE MED. EQUIP.	16	25	1,737.99	69.52	.004	108.62	.25	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	1	2	99.99	50.00	.000	99.99	.01	
MEDICAL TRANSPORTATION	30	874	16,296.96	18.65	.126	543.23	2.35	
AMBULANCES/AIR TRANS	29	872	13,746.96	15.76	.126	474.03	1.98	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	2	2	2,550.00	1275.00	.000	1275.00	.37	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	3	3	265.00	88.33	.000	88.33	.04	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	83	164	1,453.86	8.87	.024	17.52	.21	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	2	2	84.84	42.42	.000	42.42	.01	
PROSTHETICS	1	1	68.26	68.26	.000	68.26	.01	
ORTHOTICS	1	1	16.58	16.58	.000	16.58	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	1	3	124.19	41.40	.000	124.19	.02	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	218	4,438	29,496.69	6.65	.640	135.31	4.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	155	750.29	4.84	.022	125.05	.11
@CALIF. CHILDREN SERVICES*	16	81	\$ 9,023.14	\$ 111.40	.012	\$ 563.95	\$ 1.30
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,385
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE	

11,736 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,473	80,337	\$ 4,307,450.81	\$ 53.62	6.845	\$ 576.40	\$ 367.03
@PHYSICIANS SERVICES	1,477	4,805	\$ 211,349.34	\$ 43.99	.409	\$ 143.09	\$ 18.01
OUTPATIENT VISITS	858	1,201	40,151.30	33.43	.102	46.80	3.42
OFFICE VISITS	720	974	29,044.99	29.82	.083	40.34	2.47
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	126	136	5,938.67	43.67	.012	47.13	.51
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	42	64	4,199.39	65.62	.005	99.99	.36
OTHER OUTPATIENT	25	27	968.25	35.86	.002	38.73	.08
INPATIENT VISITS	82	364	22,053.38	60.59	.031	268.94	1.88
HOSPITAL VISITS	61	245	11,498.40	46.93	.021	188.50	.98
CRITICAL CARE	14	92	9,941.38	108.06	.008	710.10	.85
SNF/ICF/TRANS IP CARE	14	27	613.60	22.73	.002	43.83	.05
OPHTHALMOLOGICAL SERVICES	13	13	539.58	41.51	.001	41.51	.05
EXAMINATIONS	13	13	539.58	41.51	.001	41.51	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	69	587	55,211.15	94.06	.050	800.16	4.70
PRINCIPAL SURGEON	54	82	45,810.12	558.66	.007	848.34	3.90
ASSISTANT SURGEON	8	8	2,390.90	298.86	.001	298.86	.20
ANESTHESIOLOGIST	24	497	7,010.13	14.10	.042	292.09	.60
OUTPATIENT SURGERY	151	603	34,085.09	56.53	.051	225.73	2.90
PRINCIPAL SURGEON	133	165	29,848.96	180.90	.014	224.43	2.54
ASSISTANT SURGEON	4	4	524.26	131.07	.000	131.07	.04
ANESTHESIOLOGIST	23	434	3,711.87	8.55	.037	161.39	.32
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	160	215	2,392.47	11.13	.018	14.95	.20
RADIOLOGY	222	398	17,994.38	45.21	.034	81.06	1.53
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	54	120	1,609.60	13.41	.010	29.81	.14
OTHER SERVICES/ALL X-OVERS	413	1,304	37,312.39	28.61	.111	90.34	3.18
@PHARMACY	4,937	26,163	\$ 1,382,446.93	\$ 52.84	2.229	\$ 280.02	\$ 117.80
PRESCRIPTION DRUGS	4,896	19,810	1,346,741.27	67.98	1.688	275.07	114.75
SNF/ICF	128	797	52,964.96	66.46	.068	413.79	4.51
OUTPATIENTS	4,786	19,013	1,293,776.31	68.05	1.620	270.33	110.24
MEDICAL SUPPLIES	260	6,353	35,705.66	5.62	.541	137.33	3.04
@DENTIST	125	642	\$ 36,598.25	\$ 57.01	.055	\$ 292.79	\$ 3.12
VISITS - DIAGNOSTIC	67	266	3,453.75	12.98	.023	51.55	.29
ORAL SURGERY	22	94	6,937.00	73.80	.008	315.32	.59

DRUGS	4	9	120.00	13.33	.001	30.00	.01
ANESTHESIA	9	9	900.00	100.00	.001	100.00	.08
PERIODONTICS	2	3	400.00	133.33	.000	200.00	.03
ENDODONTICS	13	43	4,110.00	95.58	.004	316.15	.35
RESTORATIVE DENTISTRY	34	141	13,133.50	93.15	.012	386.28	1.12
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	15	39	4,942.00	126.72	.003	329.47	.42
SPACE MAINTAINERS	2	3	422.00	140.67	.000	211.00	.04
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	21	33	2,180.00	66.06	.003	103.81	.19
ALL OTHER SERVICES	2	2	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

11,736 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	448	1,021	\$ 21,491.77	\$ 21.05	.087	\$ 47.97	\$ 1.83
DIAGNOSTIC AND ANC. PROCED	212	250	9,206.08	36.82	.021	43.42	.78
EYE APPLIANCES	236	587	8,710.61	14.84	.050	36.91	.74
OTHER OPTOMETRIC SERVICES	136	184	3,575.08	19.43	.016	26.29	.30
@CHIROPRACTOR	5	8	\$ 127.57	\$ 15.95	.001	\$ 25.51	\$.01
VISITS	5	8	127.57	15.95	.001	25.51	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 111.97	\$ 37.32	.000	\$ 37.32	\$.01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	111.97	37.32	.000	37.32	.01
@HOME HEALTH AGENCY	1	58	\$ 4,341.88	\$ 74.86	.005	\$ 4341.88	\$.37
NURSE ANESTHESIST	1	13	\$ 26.37	\$ 2.03	.001	\$ 26.37	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1,894	8,523	\$	1,102,323.20	\$	129.34	.726	\$	582.01	\$	93.93
HOSP INPATIENT TOTAL	115	478		875,499.57		1831.59	.041		7613.04		74.60
HSC HOSPITALS	5	26		32,983.00		1268.58	.002		6596.60		2.81
NON-HSC HOSPITAL TOTAL	75	335		818,011.41		2441.83	.029		10906.82		69.70
ACCOMMODATIONS	72	335		198,689.26		593.10	.029		2759.57		16.93
ADMINISTRATIVE DAYS	1	2		450.99		225.50	.000		450.99		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	72	333		198,238.27		595.31	.028		2753.31		16.89
ANCILLARIES	75	0		619,322.15		.00	.000		8257.63		52.77
INPATIENT CROSSOVERS	35	117		24,505.16		209.45	.010		700.15		2.09
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,833	8,045		226,823.63		28.19	.685		123.74		19.33
MEDICAL	610	1,038		34,313.88		33.06	.088		56.25		2.92
SURGERY	132	143		14,906.71		104.24	.012		112.93		1.27
PATHOLOGY	644	2,243		22,865.68		10.19	.191		35.51		1.95
RADIOLOGY	525	744		58,057.39		78.03	.063		110.59		4.95
ROOM USE	619	871		38,889.40		44.65	.074		62.83		3.31
CROSSOVERS/ALL OTH OUTPTNT	950	3,006		57,790.57		19.23	.256		60.83		4.92
@COUNTY HOSPITAL TOTAL	2	18	\$	204.41	\$	11.36	.002	\$	102.21	\$	.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	18		204.41		11.36	.002		102.21		.02
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	16		130.78		8.17	.001		65.39		.01
RADIOLOGY	1	1		39.20		39.20	.000		39.20		.00
ROOM USE	1	1		34.43		34.43	.000		34.43		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

						----- MONTHLY AVERAGE -----		
11,736 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,892	8,505	\$ 1,102,118.79	\$ 129.58	.725	\$ 582.52	\$ 93.91	
COMM HOSP INPATIENT TOTAL	115	478	875,499.57	1831.59	.041	7613.04	74.60	
HSC HOSPITALS	5	26	32,983.00	1268.58	.002	6596.60	2.81	
NON-HSC HOSPITALS TOTAL	75	335	818,011.41	2441.83	.029	10906.82	69.70	
ACCOMMODATIONS	72	335	198,689.26	593.10	.029	2759.57	16.93	
ADMINISTRATIVE DAYS	1	2	450.99	225.50	.000	450.99	.04	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	72	333	198,238.27	595.31	.028	2753.31	16.89	
ANCILLARIES	75	0	619,322.15	.00	.000	8257.63	52.77	
INPATIENT CROSSOVERS	35	117	24,505.16	209.45	.010	700.15	2.09	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	1,831	8,027		226,619.22	28.23	.684	123.77	19.31
MEDICAL	610	1,038		34,313.88	33.06	.088	56.25	2.92
SURGERY	132	143		14,906.71	104.24	.012	112.93	1.27
PATHOLOGY	642	2,227		22,734.90	10.21	.190	35.41	1.94
RADIOLOGY	524	743		58,018.19	78.09	.063	110.72	4.94
ROOM USE	618	870		38,854.97	44.66	.074	62.87	3.31
CROSSOVERS/ALL OTH OUTPTNT	950	3,006		57,790.57	19.23	.256	60.83	4.92
@STATE HOSPITAL	7	549	\$	294,264.00	\$ 536.00	.047	\$ 42037.71	\$ 25.07
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	7	549		294,264.00	536.00	.047	42037.71	25.07
@NURSING FACILITY	92	2,454	\$	430,156.28	\$ 175.29	.209	\$ 4675.61	\$ 36.65
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	12	364		44,008.82	120.90	.031	3667.40	3.75
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	80	2,090		386,147.46	184.76	.178	4826.84	32.90
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	18	25	\$	10,614.85	\$ 424.59	.002	\$ 589.71	\$.90
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	18	25		10,614.85	424.59	.002	589.71	.90
@REHABILITATION FACILITY	12	58	\$	1,278.82	\$ 22.05	.005	\$ 106.57	\$.11
HOSPITAL BASED	12	58		1,278.82	22.05	.005	106.57	.11
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	601	1,960	\$	25,717.47	\$ 13.12	.167	\$ 42.79	\$ 2.19
PATHOLOGY	591	1,935		24,817.00	12.83	.165	41.99	2.11
XO AND OTHERS	10	25		900.47	36.02	.002	90.05	.08
@ORGANIZED OUTPATIENT CLINIC	3,437	5,921	\$	629,623.14	\$ 106.34	.505	\$ 183.19	\$ 53.65
CLINIC	8	16		359.74	22.48	.001	44.97	.03
SURGICENTER	4	13		1,213.92	93.38	.001	303.48	.10
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,429	5,892		628,049.48	106.59	.502	183.16	53.51

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,388
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

					----- MONTHLY AVERAGE -----			
11,736 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,006	28,134	\$ 156,978.97	\$ 5.58	2.397	\$ 156.04	\$ 13.38	
DURABLE MED. EQUIP.	98	275	33,325.58	121.18	.023	340.06	2.84	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	9	17	2,493.34	146.67	.001	277.04	.21	
MEDICAL TRANSPORTATION	82	1,973	38,278.84	19.40	.168	466.82	3.26	
AMBULANCES/AIR TRANS	71	1,764	27,529.31	15.61	.150	387.74	2.35	
OTHER TRANS	3	178	355.22	2.00	.015	118.41	.03	
OTHER SERVICES	13	31	10,394.31	335.30	.003	799.56	.89	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	6	6	530.00	88.33	.001	88.33	.05	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	193	425	4,601.89	10.83	.036	23.84	.39	
PHYSICAL THERAPIST	6	59	657.46	11.14	.005	109.58	.06	

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	14	30	5,690.80	189.69	.003	406.49	.48
PROSTHETICS	10	24	5,417.94	225.75	.002	541.79	.46
ORTHOTICS	4	6	272.86	45.48	.001	68.22	.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	22	664.23	30.19	.002	83.03	.06
HOSPICE SERVICES	0	0	38.36	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	276	6,032	40,898.70	6.78	.514	148.18	3.48
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	350	19,295	29,799.77	1.54	1.644	85.14	2.54
@CALIF. CHILDREN SERVICES*	76	660	\$ 40,184.36	\$ 60.89	.056	\$ 528.74	\$ 3.42
@XOVER EXCLUDING STATE HOSP**	881	10,272	\$ 107,557.65	\$ 10.47	.875	\$ 122.09	\$ 9.16

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,389
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MODOC COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U

183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	105	1,056	\$ 59,838.86	\$ 56.67	5.770	\$ 569.89	\$ 326.99
@PHYSICIANS SERVICES	21	72	\$ 1,329.10	\$ 18.46	.393	\$ 63.29	\$ 7.26
OUTPATIENT VISITS	2	2	118.56	59.28	.011	59.28	.65
OFFICE VISITS	1	1	37.50	37.50	.005	37.50	.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	81.06	81.06	.005	81.06	.44
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	21	70	1,210.54	17.29	.383	57.64	6.61
@PHARMACY	71	313	\$ 16,942.76	\$ 54.13	1.710	\$ 238.63	\$ 92.58
PRESCRIPTION DRUGS	71	312	16,917.26	54.22	1.705	238.27	92.44

SNF/ICF	4	8	174.94	21.87	.044	43.74	.96
OUTPATIENTS	67	304	16,742.32	55.07	1.661	249.89	91.49
MEDICAL SUPPLIES	1	1	25.50	25.50	.005	25.50	.14
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,390
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED						AID CODE 14 1H 1U
----- MONTHLY AVERAGE -----							
183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	17	\$ 343.75	\$ 20.22	.093	\$ 57.29	\$ 1.88
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.011	47.45	.52
EYE APPLIANCES	5	14	233.98	16.71	.077	46.80	1.28
OTHER OPTOMETRIC SERVICES	1	1	14.87	14.87	.005	14.87	.08
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	21	76	\$ 3,788.85	\$ 49.85	.415	\$ 180.42	\$ 20.70
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	21	76	3,788.85	49.85	.415	180.42	20.70
MEDICAL	0	0	59.10	.00	.000	.00	.32
SURGERY	1	1	23.89	23.89	.005	23.89	.13
PATHOLOGY	1	1	54.51	54.51	.005	54.51	.30

RADIOLOGY	3	3	1,239.31	413.10	.016	413.10	6.77
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	17	71	2,412.04	33.97	.388	141.88	13.18
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,391
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED						AID CODE 14 1H 1U

	183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21	76	\$	3,788.85	\$ 49.85	.415	\$ 180.42	\$ 20.70
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	21	76		3,788.85	49.85	.415	180.42	20.70
MEDICAL	0	0		59.10	.00	.000	.00	.32
SURGERY	1	1		23.89	23.89	.005	23.89	.13
PATHOLOGY	1	1		54.51	54.51	.005	54.51	.30
RADIOLOGY	3	3		1,239.31	413.10	.016	413.10	6.77
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	17	71		2,412.04	33.97	.388	141.88	13.18
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	4	138	\$	25,908.69	187.74	.754	6477.17	141.58
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	4	138		25,908.69	187.74	.754	6477.17	141.58
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	21	\$	350.71	16.70	.115	70.14	1.92
PATHOLOGY	4	20		346.69	17.33	.109	86.67	1.89
XO AND OTHERS	1	1		4.02	4.02	.005	4.02	.02
@ORGANIZED OUTPATIENT CLINIC	40	80	\$	9,535.56	119.19	.437	238.39	52.11
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	40	80		9,535.56	119.19	.437	238.39	52.11

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
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	183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	19	339	\$	1,639.44	\$ 4.84	1.852	\$ 86.29	\$ 8.96
DURABLE MED. EQUIP.	2	9		761.46	84.61	.049	380.73	4.16
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	9	134.88	14.99	.049	33.72	.74
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	321	743.10	2.31	1.754	57.16	4.06
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	38	192	\$ 4,729.45	\$ 24.63	1.049	\$ 124.46	\$ 25.84

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,393
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND	AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,394
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,395
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,396
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,397
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

248 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	250	2,216	\$ 107,274.82	\$ 48.41	8.935	\$ 429.10	\$ 432.56	
@PHYSICIANS SERVICES	53	130	\$ 5,551.77	\$ 42.71	.524	\$ 104.75	\$ 22.39	
OUTPATIENT VISITS	21	35	891.27	25.46	.141	42.44	3.59	
OFFICE VISITS	20	34	866.89	25.50	.137	43.34	3.50	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1	1	24.38	24.38	.004	24.38	.10	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	1	1	20.00	20.00	.004	20.00	.08	
EXAMINATIONS	1	1	20.00	20.00	.004	20.00	.08	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	

OUTPATIENT SURGERY	10	22		2,093.73	95.17	.089	209.37	8.44
PRINCIPAL SURGEON	9	15		1,828.32	121.89	.060	203.15	7.37
ASSISTANT SURGEON	1	1		118.02	118.02	.004	118.02	.48
ANESTHESIOLOGIST	1	6		147.39	24.57	.024	147.39	.59
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	13	19		78.36	4.12	.077	6.03	.32
RADIOLOGY	5	10		249.31	24.93	.040	49.86	1.01
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	9		1,557.27	173.03	.036	389.32	6.28
OTHER SERVICES/ALL X-OVERS	17	34		661.83	19.47	.137	38.93	2.67
@PHARMACY	223	1,553	\$	67,361.28	\$ 43.37	6.262	\$ 302.07	\$ 271.62
PRESCRIPTION DRUGS	217	932		65,732.62	70.53	3.758	302.92	265.05
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	217	932		65,732.62	70.53	3.758	302.92	265.05
MEDICAL SUPPLIES	17	621		1,628.66	2.62	2.504	95.80	6.57
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 7,398
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							
						----- MONTHLY AVERAGE -----		
248 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	19	\$	388.36	\$ 20.44	.077	\$ 43.15	\$ 1.57
DIAGNOSTIC AND ANC. PROCED	4	4		152.23	38.06	.016	38.06	.61
EYE APPLIANCES	4	10		145.51	14.55	.040	36.38	.59
OTHER OPTOMETRIC SERVICES	2	5		90.62	18.12	.020	45.31	.37
@CHIROPRACTOR	1	2	\$	33.44	\$ 16.72	.008	\$ 33.44	\$.13
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	2		33.44	16.72	.008	33.44	.13
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	45	205	\$	12,870.24	\$ 62.78	.827	\$ 286.01	\$ 51.90
HOSP INPATIENT TOTAL	1	2		7,832.17	3916.09	.008	7832.17	31.58
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	1	2	7,832.17	3916.09	.008	7832.17	31.58
ACCOMMODATIONS	1	2	1,136.47	568.24	.008	1136.47	4.58
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,136.47	568.24	.008	1136.47	4.58
ANCILLARIES	1	0	6,695.70	.00	.000	6695.70	27.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	44	203	5,038.07	24.82	.819	114.50	20.31
MEDICAL	8	10	482.35	48.24	.040	60.29	1.94
SURGERY	5	5	329.81	65.96	.020	65.96	1.33
PATHOLOGY	17	58	620.32	10.70	.234	36.49	2.50
RADIOLOGY	5	11	501.07	45.55	.044	100.21	2.02
ROOM USE	10	16	744.39	46.52	.065	74.44	3.00
CROSSOVERS/ALL OTH OUTPTNT	24	103	2,360.13	22.91	.415	98.34	9.52
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,399
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

248 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	45	205	\$ 12,870.24	\$ 62.78	.827	\$ 286.01	\$ 51.90
COMM HOSP INPATIENT TOTAL	1	2	7,832.17	3916.09	.008	7832.17	31.58
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2	7,832.17	3916.09	.008	7832.17	31.58
ACCOMMODATIONS	1	2	1,136.47	568.24	.008	1136.47	4.58
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,136.47	568.24	.008	1136.47	4.58
ANCILLARIES	1	0	6,695.70	.00	.000	6695.70	27.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	44	203	5,038.07	24.82	.819	114.50	20.31
MEDICAL	8	10	482.35	48.24	.040	60.29	1.94
SURGERY	5	5	329.81	65.96	.020	65.96	1.33
PATHOLOGY	17	58	620.32	10.70	.234	36.49	2.50
RADIOLOGY	5	11	501.07	45.55	.044	100.21	2.02
ROOM USE	10	16	744.39	46.52	.065	74.44	3.00

CROSSOVERS/ALL OTH OUTPTNT	24	103		2,360.13		22.91	.415	98.34	9.52
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	13	23	\$	453.96	\$	19.74	.093	\$ 34.92	\$ 1.83
PATHOLOGY	13	23		453.96		19.74	.093	34.92	1.83
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	76	138	\$	14,968.22	\$	108.47	.556	\$ 196.95	\$ 60.36
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	76	138		14,968.22		108.47	.556	196.95	60.36

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,400
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

248 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	28	146	\$ 5,647.55	\$ 38.68	.589	\$ 201.70	\$ 22.77	
DURABLE MED. EQUIP.	4	7	704.69	100.67	.028	176.17	2.84	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	3	106	4,036.94	38.08	.427	1345.65	16.28	
AMBULANCES/AIR TRANS	3	106	4,036.94	38.08	.427	1345.65	16.28	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	5	10	114.00	11.40	.040	22.80	.46	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	23	791.92	34.43	.093	49.50	3.19
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	43	147	\$ 3,458.45	\$ 23.53	.593	\$ 80.43	\$ 13.95

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,401
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J	

					----- MONTHLY AVERAGE -----			
8,723 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	3,992	20,207	\$ 1,276,823.32	\$ 63.19	2.317	\$ 319.85	\$ 146.37	
@PHYSICIANS SERVICES	827	2,121	\$ 107,620.49	\$ 50.74	.243	\$ 130.13	\$ 12.34	
OUTPATIENT VISITS	575	795	29,234.52	36.77	.091	50.84	3.35	
OFFICE VISITS	434	574	16,712.60	29.12	.066	38.51	1.92	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	90	94	4,587.35	48.80	.011	50.97	.53	
PREVENTIVE CARE	1	2	54.74	27.37	.000	54.74	.01	
OB VISITS/COMPRE PERI	77	102	7,096.22	69.57	.012	92.16	.81	
OTHER OUTPATIENT	20	23	783.61	34.07	.003	39.18	.09	
INPATIENT VISITS	40	166	14,678.50	88.42	.019	366.96	1.68	
HOSPITAL VISITS	33	70	3,800.13	54.29	.008	115.16	.44	
CRITICAL CARE	8	96	10,878.37	113.32	.011	1359.80	1.25	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	5	6	207.74	34.62	.001	41.55	.02	

EXAMINATIONS	5	6	207.74	34.62	.001	41.55	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	35	157	13,733.40	87.47	.018	392.38	1.57
PRINCIPAL SURGEON	27	29	11,370.15	392.07	.003	421.12	1.30
ASSISTANT SURGEON	3	3	559.50	186.50	.000	186.50	.06
ANESTHESIOLOGIST	10	125	1,803.75	14.43	.014	180.38	.21
OUTPATIENT SURGERY	78	208	17,827.73	85.71	.024	228.56	2.04
PRINCIPAL SURGEON	65	75	15,626.86	208.36	.009	240.41	1.79
ASSISTANT SURGEON	1	1	167.72	167.72	.000	167.72	.02
ANESTHESIOLOGIST	15	132	2,033.15	15.40	.015	135.54	.23
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	136	215	1,694.86	7.88	.025	12.46	.19
RADIOLOGY	156	245	12,661.04	51.68	.028	81.16	1.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	21	31	794.18	25.62	.004	37.82	.09
OTHER SERVICES/ALL X-OVERS	98	298	16,788.52	56.34	.034	171.31	1.92
@PHARMACY	1,986	4,535	\$ 253,553.10	\$ 55.91	.520	\$ 127.67	\$ 29.07
PRESCRIPTION DRUGS	1,982	4,474	252,593.14	56.46	.513	127.44	28.96
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,982	4,474	252,593.14	56.46	.513	127.44	28.96
MEDICAL SUPPLIES	17	61	959.96	15.74	.007	56.47	.11
@DENTIST	78	444	\$ 18,675.60	\$ 42.06	.051	\$ 239.43	\$ 2.14
VISITS - DIAGNOSTIC	59	256	3,085.00	12.05	.029	52.29	.35
ORAL SURGERY	19	46	5,494.00	119.43	.005	289.16	.63
DRUGS	7	10	228.75	22.88	.001	32.68	.03
ANESTHESIA	11	11	1,200.00	109.09	.001	109.09	.14
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.02
ENDODONTICS	4	12	852.00	71.00	.001	213.00	.10
RESTORATIVE DENTISTRY	21	87	5,965.85	68.57	.010	284.09	.68
PROSTHETICS	2	2	30.00	15.00	.000	15.00	.00
DENTURES, STAYPLATES	1	8	738.00	92.25	.001	738.00	.08
SPACE MAINTAINERS	3	7	777.00	111.00	.001	259.00	.09
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	105.00	52.50	.000	52.50	.01
ALL OTHER SERVICES	2	2	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,402
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J						

		----- MONTHLY AVERAGE -----						
8,723 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	182	407	\$ 9,298.13	\$ 22.85	.047	\$ 51.09	\$ 1.07	
DIAGNOSTIC AND ANC. PROCED	111	115	4,581.89	39.84	.013	41.28	.53	
EYE APPLIANCES	101	253	4,212.21	16.65	.029	41.71	.48	
OTHER OPTOMETRIC SERVICES	37	39	504.03	12.92	.004	13.62	.06	
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.000	\$ 25.08	\$.01	
VISITS	2	3	50.16	16.72	.000	25.08	.01	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	

NURSE MIDWIFE	2	12	\$	476.63	\$	39.72	.001	\$	238.32	\$	.05
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	3	\$	112.80	\$	37.60	.000	\$	56.40	\$	.01
@TOTAL HOSPITAL	940	4,888	\$	409,895.28	\$	83.86	.560	\$	436.06	\$	46.99
HOSP INPATIENT TOTAL	66	276		263,743.05		955.59	.032		3996.11		30.24
HSC HOSPITALS	5	15		20,263.00		1350.87	.002		4052.60		2.32
NON-HSC HOSPITAL TOTAL	61	261		243,479.41		932.87	.030		3991.47		27.91
ACCOMMODATIONS	60	261		159,244.97		610.13	.030		2654.08		18.26
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	60	261		159,244.97		610.13	.030		2654.08		18.26
ANCILLARIES	61	0		84,234.44		.00	.000		1380.89		9.66
INPATIENT CROSSOVERS	1	0		.64		.00	.000		.64		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	904	4,612		146,152.23		31.69	.529		161.67		16.75
MEDICAL	400	575		18,241.97		31.73	.066		45.60		2.09
SURGERY	69	71		6,063.76		85.41	.008		87.88		.70
PATHOLOGY	416	1,348		13,098.88		9.72	.155		31.49		1.50
RADIOLOGY	328	471		36,947.77		78.45	.054		112.65		4.24
ROOM USE	349	459		19,831.61		43.21	.053		56.82		2.27
CROSSOVERS/ALL OTH OUTPTNT	336	1,688		51,968.24		30.79	.194		154.67		5.96
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,403
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

	8,723 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	940	4,888	\$	409,895.28	\$ 83.86	.560	\$ 436.06	\$ 46.99
COMM HOSP INPATIENT TOTAL	66	276		263,743.05	955.59	.032	3996.11	30.24
HSC HOSPITALS	5	15		20,263.00	1350.87	.002	4052.60	2.32
NON-HSC HOSPITALS TOTAL	61	261		243,479.41	932.87	.030	3991.47	27.91
ACCOMMODATIONS	60	261		159,244.97	610.13	.030	2654.08	18.26
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	60	261		159,244.97	610.13	.030	2654.08	18.26
ANCILLARIES	61	0		84,234.44	.00	.000	1380.89	9.66
INPATIENT CROSSOVERS	1	0		.64	.00	.000	.64	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	904	4,612		146,152.23		31.69	.529	161.67	16.75
MEDICAL	400	575		18,241.97		31.73	.066	45.60	2.09
SURGERY	69	71		6,063.76		85.41	.008	87.88	.70
PATHOLOGY	416	1,348		13,098.88		9.72	.155	31.49	1.50
RADIOLOGY	328	471		36,947.77		78.45	.054	112.65	4.24
ROOM USE	349	459		19,831.61		43.21	.053	56.82	2.27
CROSSOVERS/ALL OTH OUTPTNT	336	1,688		51,968.24		30.79	.194	154.67	5.96
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	354	820	\$	14,214.10	\$	17.33	.094	\$ 40.15	\$ 1.63
PATHOLOGY	354	820		14,214.10		17.33	.094	40.15	1.63
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,020	3,456	\$	421,091.38	\$	121.84	.396	\$ 208.46	\$ 48.27
CLINIC	7	25		891.06		35.64	.003	127.29	.10
SURGICENTER	2	8		313.10		39.14	.001	156.55	.04
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2,015	3,423		419,887.22		122.67	.392	208.38	48.14

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,404
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

						----- MONTHLY AVERAGE -----		
8,723 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	277	3,518	\$ 41,835.65	\$ 11.89	.403	\$ 151.03	\$ 4.80	
DURABLE MED. EQUIP.	23	87	2,816.14	32.37	.010	122.44	.32	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	2	4	164.28	41.07	.000	82.14	.02	
MEDICAL TRANSPORTATION	35	1,359	24,602.28	18.10	.156	702.92	2.82	
AMBULANCES/AIR TRANS	34	1,354	17,777.28	13.13	.155	522.86	2.04	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	5	5	6,825.00	1365.00	.001	1365.00	.78	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	14	14	1,356.00	96.86	.002	96.86	.16	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	79	163	1,519.37	9.32	.019	19.23	.17	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	148.65	49.55	.000	74.33	.02
PROSTHETICS	2	3	148.65	49.55	.000	74.33	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	14	1,720.51	122.89	.002	344.10	.20
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	95	1,040	7,372.87	7.09	.119	77.61	.85
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	834	2,135.55	2.56	.096	82.14	.24
@CALIF. CHILDREN SERVICES*	17	57	\$ 30,071.63	\$ 527.57	.007	\$ 1768.92	\$ 3.45
@XOVER EXCLUDING STATE HOSP**	18	65	\$ 3,765.77	\$ 57.93	.007	\$ 209.21	\$.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,405
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC	

9,154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,347	23,479	\$ 1,443,937.00	\$ 61.50	2.565	\$ 332.17	\$ 157.74
@PHYSICIANS SERVICES	901	2,323	\$ 114,501.36	\$ 49.29	.254	\$ 127.08	\$ 12.51
OUTPATIENT VISITS	598	832	30,244.35	36.35	.091	50.58	3.30
OFFICE VISITS	455	609	17,616.99	28.93	.067	38.72	1.92
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	92	96	4,692.79	48.88	.010	51.01	.51
PREVENTIVE CARE	1	2	54.74	27.37	.000	54.74	.01
OB VISITS/COMPRE PERI	77	102	7,096.22	69.57	.011	92.16	.78
OTHER OUTPATIENT	20	23	783.61	34.07	.003	39.18	.09
INPATIENT VISITS	40	166	14,678.50	88.42	.018	366.96	1.60
HOSPITAL VISITS	33	70	3,800.13	54.29	.008	115.16	.42
CRITICAL CARE	8	96	10,878.37	113.32	.010	1359.80	1.19
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	7	227.74	32.53	.001	37.96	.02
EXAMINATIONS	6	7	227.74	32.53	.001	37.96	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	35	157	13,733.40	87.47	.017	392.38	1.50
PRINCIPAL SURGEON	27	29	11,370.15	392.07	.003	421.12	1.24
ASSISTANT SURGEON	3	3	559.50	186.50	.000	186.50	.06
ANESTHESIOLOGIST	10	125	1,803.75	14.43	.014	180.38	.20
OUTPATIENT SURGERY	88	230	19,921.46	86.62	.025	226.38	2.18
PRINCIPAL SURGEON	74	90	17,455.18	193.95	.010	235.88	1.91
ASSISTANT SURGEON	2	2	285.74	142.87	.000	142.87	.03
ANESTHESIOLOGIST	16	138	2,180.54	15.80	.015	136.28	.24
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	149	234	1,773.22	7.58	.026	11.90	.19
RADIOLOGY	161	255	12,910.35	50.63	.028	80.19	1.41
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	25	40	2,351.45	58.79	.004	94.06	.26
OTHER SERVICES/ALL X-OVERS	136	402	18,660.89	46.42	.044	137.21	2.04
@PHARMACY	2,280	6,401	\$ 337,857.14	\$ 52.78	.699	\$ 148.18	\$ 36.91
PRESCRIPTION DRUGS	2,270	5,718	335,243.02	58.63	.625	147.68	36.62

SNF/ICF	4	8	174.94	21.87	.001	43.74	.02
OUTPATIENTS	2,266	5,710	335,068.08	58.68	.624	147.87	36.60
MEDICAL SUPPLIES	35	683	2,614.12	3.83	.075	74.69	.29
@DENTIST	78	444	\$ 18,675.60	\$ 42.06	.049	\$ 239.43	\$ 2.04
VISITS - DIAGNOSTIC	59	256	3,085.00	12.05	.028	52.29	.34
ORAL SURGERY	19	46	5,494.00	119.43	.005	289.16	.60
DRUGS	7	10	228.75	22.88	.001	32.68	.02
ANESTHESIA	11	11	1,200.00	109.09	.001	109.09	.13
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.02
ENDODONTICS	4	12	852.00	71.00	.001	213.00	.09
RESTORATIVE DENTISTRY	21	87	5,965.85	68.57	.010	284.09	.65
PROSTHETICS	2	2	30.00	15.00	.000	15.00	.00
DENTURES, STAYPLATES	1	8	738.00	92.25	.001	738.00	.08
SPACE MAINTAINERS	3	7	777.00	111.00	.001	259.00	.08
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	105.00	52.50	.000	52.50	.01
ALL OTHER SERVICES	2	2	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,406
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

						----- MONTHLY AVERAGE -----			
9,154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	197	443	\$ 10,030.24	\$ 22.64	.048	\$ 50.91	\$ 1.10		
DIAGNOSTIC AND ANC. PROCED	117	121	4,829.02	39.91	.013	41.27	.53		
EYE APPLIANCES	110	277	4,591.70	16.58	.030	41.74	.50		
OTHER OPTOMETRIC SERVICES	40	45	609.52	13.54	.005	15.24	.07		
@CHIROPRACTOR	3	5	\$ 83.60	\$ 16.72	.001	\$ 27.87	\$.01		
VISITS	2	3	50.16	16.72	.000	25.08	.01		
OTHER SERVICES	1	2	33.44	16.72	.000	33.44	.00		
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2	12	\$ 476.63	\$ 39.72	.001	\$ 238.32	\$.05
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	3	\$ 112.80	\$ 37.60	.000	\$ 56.40	\$.01
@TOTAL HOSPITAL	1,006	5,169	\$ 426,554.37	\$ 82.52	.565	\$ 424.01	\$ 46.60
HOSP INPATIENT TOTAL	67	278	271,575.22	976.89	.030	4053.36	29.67
HSC HOSPITALS	5	15	20,263.00	1350.87	.002	4052.60	2.21
NON-HSC HOSPITAL TOTAL	62	263	251,311.58	955.56	.029	4053.41	27.45
ACCOMMODATIONS	61	263	160,381.44	609.82	.029	2629.20	17.52
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	61	263	160,381.44	609.82	.029	2629.20	17.52
ANCILLARIES	62	0	90,930.14	.00	.000	1466.62	9.93
INPATIENT CROSSOVERS	1	0	.64	.00	.000	.64	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	969	4,891	154,979.15	31.69	.534	159.94	16.93
MEDICAL	408	585	18,783.42	32.11	.064	46.04	2.05
SURGERY	75	77	6,417.46	83.34	.008	85.57	.70
PATHOLOGY	434	1,407	13,773.71	9.79	.154	31.74	1.50
RADIOLOGY	336	485	38,688.15	79.77	.053	115.14	4.23
ROOM USE	359	475	20,576.00	43.32	.052	57.31	2.25
CROSSOVERS/ALL OTH OUTPTNT	377	1,862	56,740.41	30.47	.203	150.51	6.20
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

PAGE 7,407 01/17/03

	9,154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,006	5,169	\$	426,554.37	\$ 82.52	.565	\$ 424.01	\$ 46.60
COMM HOSP INPATIENT TOTAL	67	278		271,575.22	976.89	.030	4053.36	29.67
HSC HOSPITALS	5	15		20,263.00	1350.87	.002	4052.60	2.21
NON-HSC HOSPITALS TOTAL	62	263		251,311.58	955.56	.029	4053.41	27.45
ACCOMMODATIONS	61	263		160,381.44	609.82	.029	2629.20	17.52

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	61	263	160,381.44	609.82	.029	2629.20	17.52
ANCILLARIES	62	0	90,930.14	.00	.000	1466.62	9.93
INPATIENT CROSSOVERS	1	0	.64	.00	.000	.64	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	969	4,891	154,979.15	31.69	.534	159.94	16.93
MEDICAL	408	585	18,783.42	32.11	.064	46.04	2.05
SURGERY	75	77	6,417.46	83.34	.008	85.57	.70
PATHOLOGY	434	1,407	13,773.71	9.79	.154	31.74	1.50
RADIOLOGY	336	485	38,688.15	79.77	.053	115.14	4.23
ROOM USE	359	475	20,576.00	43.32	.052	57.31	2.25
CROSSOVERS/ALL OTH OUTPTNT	377	1,862	56,740.41	30.47	.203	150.51	6.20
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	4	138	25,908.69	187.74	.015	6477.17	2.83
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	4	138	25,908.69	187.74	.015	6477.17	2.83
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	372	864	15,018.77	17.38	.094	40.37	1.64
PATHOLOGY	371	863	15,014.75	17.40	.094	40.47	1.64
XO AND OTHERS	1	1	4.02	4.02	.000	4.02	.00
@ORGANIZED OUTPATIENT CLINIC	2,136	3,674	445,595.16	121.28	.401	208.61	48.68
CLINIC	7	25	891.06	35.64	.003	127.29	.10
SURGICENTER	2	8	313.10	39.14	.001	156.55	.03
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,131	3,641	444,391.00	122.05	.398	208.54	48.55

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

PAGE 7,408 01/17/03

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
9,154 ELIGIBLES							
@ALL OTHER PROVIDERS	324	4,003	\$ 49,122.64	\$ 12.27	.437	\$ 151.61	\$ 5.37
DURABLE MED. EQUIP.	29	103	4,282.29	41.58	.011	147.67	.47
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	4	164.28	41.07	.000	82.14	.02
MEDICAL TRANSPORTATION	38	1,465	28,639.22	19.55	.160	753.66	3.13
AMBULANCES/AIR TRANS	37	1,460	21,814.22	14.94	.159	589.57	2.38
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	5	6,825.00	1365.00	.001	1365.00	.75
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	14	14		1,356.00	96.86	.002	96.86	.15
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	88	182		1,768.25	9.72	.020	20.09	.19
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3		148.65	49.55	.000	74.33	.02
PROSTHETICS	2	3		148.65	49.55	.000	74.33	.02
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	14		1,720.51	122.89	.002	344.10	.19
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	95	1,040		7,372.87	7.09	.114	77.61	.81
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	55	1,178		3,670.57	3.12	.129	66.74	.40
@CALIF. CHILDREN SERVICES*	17	57	\$	30,071.63	\$ 527.57	.006	\$ 1768.92	\$ 3.29
@XOVER EXCLUDING STATE HOSP**	99	404	\$	11,953.67	\$ 29.59	.044	\$ 120.74	\$ 1.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,409
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

AID CODE

181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	229	1,469	\$ 127,165.41	\$ 86.57	8.116	\$ 555.31	\$ 702.57
@PHYSICIANS SERVICES	9	23	\$ 1,029.50	\$ 44.76	.127	\$ 114.39	\$ 5.69
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	9	23		1,029.50		44.76	.127	114.39	5.69
@PHARMACY	164	512	\$	25,732.32	\$	50.26	2.829	\$ 156.90	\$ 142.17
PRESCRIPTION DRUGS	163	510		25,566.44		50.13	2.818	156.85	141.25
SNF/ICF	16	86		2,790.27		32.45	.475	174.39	15.42
OUTPATIENTS	153	424		22,776.17		53.72	2.343	148.86	125.84
MEDICAL SUPPLIES	2	2		165.88		82.94	.011	82.94	.92
@DENTIST	5	12	\$	.00	\$	.00	.066	\$.00	\$.00
VISITS - DIAGNOSTIC	2	3		.00		.00	.017	.00	.00
ORAL SURGERY	1	1		.00		.00	.006	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	7		.00		.00	.039	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00		.00	.006	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 7,410
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 29 MN - SOC - AGED								
				AID CODE					
				----- MONTHLY AVERAGE -----					
181 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@OPTOMETRIST	9	13	\$ 345.91	\$ 26.61	.072	\$ 38.43	\$ 1.91		
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.006	47.45	.26		
EYE APPLIANCES	5	11	186.36	16.94	.061	37.27	1.03		
OTHER OPTOMETRIC SERVICES	4	1	112.10	112.10	.006	28.03	.62		
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	1	1	\$ 1.82	\$ 1.82	.006	\$ 1.82	\$.01		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	1	1	1.82	1.82	.006	1.82	.01		
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00		
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00		
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00		
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00		
@TOTAL HOSPITAL	34	191	\$ 7,771.11	\$ 40.69	1.055	\$ 228.56	\$ 42.93		
HOSP INPATIENT TOTAL	5	19	2,630.09	138.43	.105	526.02	14.53		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		

INPATIENT CROSSOVERS	5	19	2,630.09	138.43	.105	526.02	14.53
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	31	172	5,141.02	29.89	.950	165.84	28.40
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	31	172	5,141.02	29.89	.950	165.84	28.40
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,411
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MODOC COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

	181 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	34	191	\$	7,771.11	\$ 40.69	1.055	\$ 228.56	\$ 42.93
COMM HOSP INPATIENT TOTAL	5	19		2,630.09	138.43	.105	526.02	14.53
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	19		2,630.09	138.43	.105	526.02	14.53
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	31	172		5,141.02	29.89	.950	165.84	28.40
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	31	172		5,141.02	29.89	.950	165.84	28.40
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	19	497	\$	83,588.64	\$ 168.19	2.746	\$ 4399.40	\$ 461.82
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	19	497		83,588.64	168.19	2.746	4399.40	461.82
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	4	\$	28.02	\$ 7.01	.022	\$ 14.01	\$.15
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	2	4		28.02	7.01	.022	14.01	.15
@ORGANIZED OUTPATIENT CLINIC	63	125	\$	5,283.76	\$ 42.27	.691	\$ 83.87	\$ 29.19
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	63	125		5,283.76	42.27	.691	83.87	29.19

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

AID CODE

----- MONTHLY AVERAGE -----

181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	25	91	\$ 3,384.33	\$ 37.19	.503	\$ 135.37	\$ 18.70
DURABLE MED. EQUIP.	1	2	83.51	41.76	.011	83.51	.46
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	33	867.76	26.30	.182	867.76	4.79
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	33	867.76	26.30	.182	867.76	4.79
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	94.88	11.86	.044	23.72	.52
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	16	1,746.88	109.18	.088	291.15	9.65
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14	32	591.30	18.48	.177	42.24	3.27
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	63	275	\$ 10,908.11	\$ 39.67	1.519	\$ 173.14	\$ 60.27

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,413
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6	14	\$ 1,206.83	\$ 86.20	1.750	\$ 201.14	\$ 150.85
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,414
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND						AID CODE

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	2	\$ 25.19	\$ 12.60	.250	\$ 12.60	\$ 3.15
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	2	25.19	12.60	.250	12.60	3.15
MEDICAL	1	1	12.79	12.79	.125	12.79	1.60
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	12.40	12.40	.125	12.40	1.55
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,415
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	2	\$ 25.19	\$ 12.60	.250	\$ 12.60	\$ 3.15
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	2	25.19	12.60	.250	12.60	3.15
MEDICAL	1	1	12.79	12.79	.125	12.79	1.60
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSTOVERS/ALL OTH OUTPTNT	1	1		12.40		12.40	.125	12.40		1.55	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	12	\$	1,181.64	\$	98.47	1.500	\$	196.94	\$	147.71
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	12		1,181.64		98.47	1.500		196.94		147.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 7,416
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND										AID CODE

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 12.40	\$ 12.40	.125	\$ 12.40	\$ 1.55

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

PAGE 7,417
01/17/03

121 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	153	1,095	\$ 97,398.51	\$ 88.95	9.050	\$ 636.59	\$ 804.95
@PHYSICIANS SERVICES	12	30	\$ 1,347.39	\$ 44.91	.248	\$ 112.28	\$ 11.14
OUTPATIENT VISITS	2	2	98.35	49.18	.017	49.18	.81
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.008	68.35	.56
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	30.00	30.00	.008	30.00	.25
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2		607.23	303.62	.017	607.23	5.02
PRINCIPAL SURGEON	1	1		505.96	505.96	.008	505.96	4.18
ASSISTANT SURGEON	1	1		101.27	101.27	.008	101.27	.84
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	2	5		161.19	32.24	.041	80.60	1.33
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	21		480.62	22.89	.174	68.66	3.97
@PHARMACY	111	497	\$	55,215.03	\$ 111.10	4.107	\$ 497.43	\$ 456.32
PRESCRIPTION DRUGS	109	488		54,861.11	112.42	4.033	503.31	453.40
SNF/ICF	2	9		223.45	24.83	.074	111.73	1.85
OUTPATIENTS	107	479		54,637.66	114.07	3.959	510.63	451.55
MEDICAL SUPPLIES	4	9		353.92	39.32	.074	88.48	2.92
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,418
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

121 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	13	\$ 187.53	\$ 14.43	.107	\$ 23.44	\$ 1.55
DIAGNOSTIC AND ANC. PROCED	2	3	47.45	15.82	.025	23.73	.39
EYE APPLIANCES	4	8	123.97	15.50	.066	30.99	1.02
OTHER OPTOMETRIC SERVICES	2	2	16.11	8.06	.017	8.06	.13
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	24	142	\$	4,901.46	\$	34.52	1.174	\$	204.23	\$	40.51
HOSP INPATIENT TOTAL	2	5		1,442.44		288.49	.041		721.22		11.92
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	5		1,442.44		288.49	.041		721.22		11.92
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	22	137		3,459.02		25.25	1.132		157.23		28.59
MEDICAL	2	7		163.91		23.42	.058		81.96		1.35
SURGERY	1	1		80.84		80.84	.008		80.84		.67
PATHOLOGY	4	18		164.86		9.16	.149		41.22		1.36
RADIOLOGY	4	12		607.65		50.64	.099		151.91		5.02
ROOM USE	3	5		182.69		36.54	.041		60.90		1.51
CROSSOVERS/ALL OTH OUTPTNT	20	94		2,259.07		24.03	.777		112.95		18.67
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,419
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

	121 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	24	142	\$	4,901.46	\$ 34.52	1.174	\$ 204.23	\$ 40.51
COMM HOSP INPATIENT TOTAL	2	5		1,442.44	288.49	.041	721.22	11.92
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	5		1,442.44	288.49	.041	721.22	11.92
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	22	137		3,459.02		25.25	1.132	157.23	28.59
MEDICAL	2	7		163.91		23.42	.058	81.96	1.35
SURGERY	1	1		80.84		80.84	.008	80.84	.67
PATHOLOGY	4	18		164.86		9.16	.149	41.22	1.36
RADIOLOGY	4	12		607.65		50.64	.099	151.91	5.02
ROOM USE	3	5		182.69		36.54	.041	60.90	1.51
CROSSOVERS/ALL OTH OUTPTNT	20	94		2,259.07		24.03	.777	112.95	18.67
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	5	143	\$	26,542.88	\$	185.61	1.182	5308.58	219.36
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	5	143		26,542.88		185.61	1.182	5308.58	219.36
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	4	9	\$	105.49	\$	11.72	.074	26.37	.87
PATHOLOGY	2	6		94.96		15.83	.050	47.48	.78
XO AND OTHERS	2	3		10.53		3.51	.025	5.27	.09
@ORGANIZED OUTPATIENT CLINIC	54	101	\$	7,310.81	\$	72.38	.835	135.39	60.42
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	54	101		7,310.81		72.38	.835	135.39	60.42

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,420
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

121 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17	160	\$ 1,787.92	\$ 11.17	1.322	\$ 105.17	\$ 14.78
DURABLE MED. EQUIP.	1	1	122.58	122.58	.008	122.58	1.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	128	643.55	5.03	1.058	321.78	5.32
AMBULANCES/AIR TRANS	1	9	146.60	16.29	.074	146.60	1.21
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	119	496.95	4.18	.983	496.95	4.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	7	104.62	14.95	.058	26.16	.86
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	24	917.17	38.22	.198	83.38	7.58
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	38	258	\$ 7,001.23	\$ 27.14	2.132	\$ 184.24	\$ 57.86

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,421
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37		

35 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	31	180	\$ 15,807.24	\$ 87.82	5.143	\$ 509.91	\$ 451.64
@PHYSICIANS SERVICES	8	12	\$ 1,270.48	\$ 105.87	.343	\$ 158.81	\$ 36.30
OUTPATIENT VISITS	3	4	130.14	32.54	.114	43.38	3.72
OFFICE VISITS	3	4	130.14	32.54	.114	43.38	3.72
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	0	0		.00		.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2		49.55	24.78	.057	24.78	1.42	
EXAMINATIONS	2	2		49.55	24.78	.057	24.78	1.42	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	2	2		797.21	398.61	.057	398.61	22.78	
PRINCIPAL SURGEON	2	2		797.21	398.61	.057	398.61	22.78	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	1	2		94.68	47.34	.057	94.68	2.71	
RADIOLOGY	1	1		117.14	117.14	.029	117.14	3.35	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	1	1		81.76	81.76	.029	81.76	2.34	
@PHARMACY	14	35	\$	1,556.20	\$ 44.46	1.000	\$ 111.16	\$ 44.46	
PRESCRIPTION DRUGS	14	34		1,480.90	43.56	.971	105.78	42.31	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	14	34		1,480.90	43.56	.971	105.78	42.31	
MEDICAL SUPPLIES	1	1		75.30	75.30	.029	75.30	2.15	
@DENTIST	1	19	\$	725.00	\$ 38.16	.543	\$ 725.00	\$ 20.71	
VISITS - DIAGNOSTIC	1	11		.00	.00	.314	.00	.00	
ORAL SURGERY	1	6		275.00	45.83	.171	275.00	7.86	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	1	1		.00	.00	.029	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	1	1		450.00	450.00	.029	450.00	12.86	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 7,422
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37								

						----- MONTHLY AVERAGE -----		
35 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1	1	\$ 47.45	\$ 47.45	.029	\$ 47.45	\$ 1.36	
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.029	47.45	1.36	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	75	\$ 8,088.27	\$ 107.84	2.143	\$ 539.22	\$ 231.09
HOSP INPATIENT TOTAL	1	2	5,328.33	2664.17	.057	5328.33	152.24
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	2	5,328.33	2664.17	.057	5328.33	152.24
ACCOMMODATIONS	1	2	585.00	292.50	.057	585.00	16.71
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	585.00	292.50	.057	585.00	16.71
ANCILLARIES	1	0	4,743.33	.00	.000	4743.33	135.52
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	73	2,759.94	37.81	2.086	197.14	78.86
MEDICAL	2	5	42.63	8.53	.143	21.32	1.22
SURGERY	0	0	9.61	.00	.000	.00	.27
PATHOLOGY	9	28	248.43	8.87	.800	27.60	7.10
RADIOLOGY	7	14	1,781.45	127.25	.400	254.49	50.90
ROOM USE	4	8	356.38	44.55	.229	89.10	10.18
CROSSOVERS/ALL OTH OUTPTNT	4	18	321.44	17.86	.514	80.36	9.18
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,423
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

	35 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	75	\$ 8,088.27	\$ 107.84	2.143	\$ 539.22	\$ 231.09	
COMM HOSP INPATIENT TOTAL	1	2	5,328.33	2664.17	.057	5328.33	152.24	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	1	2	5,328.33	2664.17	.057	5328.33	152.24	
ACCOMMODATIONS	1	2	585.00	292.50	.057	585.00	16.71	

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		585.00	292.50	.057	585.00	16.71
ANCILLARIES	1	0		4,743.33	.00	.000	4743.33	135.52
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	73		2,759.94	37.81	2.086	197.14	78.86
MEDICAL	2	5		42.63	8.53	.143	21.32	1.22
SURGERY	0	0		9.61	.00	.000	.00	.27
PATHOLOGY	9	28		248.43	8.87	.800	27.60	7.10
RADIOLOGY	7	14		1,781.45	127.25	.400	254.49	50.90
ROOM USE	4	8		356.38	44.55	.229	89.10	10.18
CROSSOVERS/ALL OTH OUTPTNT	4	18		321.44	17.86	.514	80.36	9.18
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	16	\$	191.35	\$ 11.96	.457	\$ 47.84	\$ 5.47
PATHOLOGY	4	16		191.35	11.96	.457	47.84	5.47
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13	22	\$	3,928.49	\$ 178.57	.629	\$ 302.19	\$ 112.24
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	13	22		3,928.49	178.57	.629	302.19	112.24

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 7,424 01/17/03

	35 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,425
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC	

345 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	419	2,758	\$ 241,577.99	\$ 87.59	7.994	\$ 576.56	\$ 700.23
@PHYSICIANS SERVICES	29	65	\$ 3,647.37	\$ 56.11	.188	\$ 125.77	\$ 10.57
OUTPATIENT VISITS	5	6	228.49	38.08	.017	45.70	.66
OFFICE VISITS	3	4	130.14	32.54	.012	43.38	.38
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.003	68.35	.20
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	30.00	30.00	.003	30.00	.09
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	49.55	24.78	.006	24.78	.14
EXAMINATIONS	2	2	49.55	24.78	.006	24.78	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2	607.23	303.62	.006	607.23	1.76
PRINCIPAL SURGEON	1	1	505.96	505.96	.003	505.96	1.47
ASSISTANT SURGEON	1	1	101.27	101.27	.003	101.27	.29
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	797.21	398.61	.006	398.61	2.31
PRINCIPAL SURGEON	2	2	797.21	398.61	.006	398.61	2.31
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	94.68	47.34	.006	94.68	.27

RADIOLOGY	3	6		278.33	46.39	.017	92.78	.81	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	17	45		1,591.88	35.38	.130	93.64	4.61	
@PHARMACY	289	1,044	\$	82,503.55	\$ 79.03	3.026	\$ 285.48	\$ 239.14	
PRESCRIPTION DRUGS	286	1,032		81,908.45	79.37	2.991	286.39	237.42	
SNF/ICF	18	95		3,013.72	31.72	.275	167.43	8.74	
OUTPATIENTS	274	937		78,894.73	84.20	2.716	287.94	228.68	
MEDICAL SUPPLIES	7	12		595.10	49.59	.035	85.01	1.72	
@DENTIST	6	31	\$	725.00	\$ 23.39	.090	\$ 120.83	\$ 2.10	
VISITS - DIAGNOSTIC	3	14		.00	.00	.041	.00	.00	
ORAL SURGERY	2	7		275.00	39.29	.020	137.50	.80	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	3	8		.00	.00	.023	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	1	1		450.00	450.00	.003	450.00	1.30	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	1	1		.00	.00	.003	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 7,426
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC								

	345 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	18	27	\$	580.89	\$ 21.51	.078	\$ 32.27	\$ 1.68
DIAGNOSTIC AND ANC. PROCED	4	5		142.35	28.47	.014	35.59	.41

EYE APPLIANCES	9	19		310.33	16.33	.055	34.48	.90
OTHER OPTOMETRIC SERVICES	6	3		128.21	42.74	.009	21.37	.37
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$	1.82	1.82	.003	1.82	.01
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	1	1		1.82	1.82	.003	1.82	.01
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	75	410	\$	20,786.03	50.70	1.188	277.15	60.25
HOSP INPATIENT TOTAL	8	26		9,400.86	361.57	.075	1175.11	27.25
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	2		5,328.33	2664.17	.006	5328.33	15.44
ACCOMMODATIONS	1	2		585.00	292.50	.006	585.00	1.70
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		585.00	292.50	.006	585.00	1.70
ANCILLARIES	1	0		4,743.33	.00	.000	4743.33	13.75
INPATIENT CROSSOVERS	7	24		4,072.53	169.69	.070	581.79	11.80
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	69	384		11,385.17	29.65	1.113	165.00	33.00
MEDICAL	5	13		219.33	16.87	.038	43.87	.64
SURGERY	1	1		90.45	90.45	.003	90.45	.26
PATHOLOGY	13	46		413.29	8.98	.133	31.79	1.20
RADIOLOGY	11	26		2,389.10	91.89	.075	217.19	6.92
ROOM USE	7	13		539.07	41.47	.038	77.01	1.56
CROSSOVERS/ALL OTH OUTPTNT	56	285		7,733.93	27.14	.826	138.11	22.42
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,427
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

----- MONTHLY AVERAGE -----
345 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	75	410	\$	20,786.03	\$ 50.70	1.188	\$ 277.15	\$ 60.25
COMM HOSP INPATIENT TOTAL	8	26		9,400.86	361.57	.075	1175.11	27.25
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2		5,328.33	2664.17	.006	5328.33	15.44
ACCOMMODATIONS	1	2		585.00	292.50	.006	585.00	1.70
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		585.00	292.50	.006	585.00	1.70
ANCILLARIES	1	0		4,743.33	.00	.000	4743.33	13.75
INPATIENT CROSSOVERS	7	24		4,072.53	169.69	.070	581.79	11.80
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	69	384		11,385.17	29.65	1.113	165.00	33.00
MEDICAL	5	13		219.33	16.87	.038	43.87	.64
SURGERY	1	1		90.45	90.45	.003	90.45	.26
PATHOLOGY	13	46		413.29	8.98	.133	31.79	1.20
RADIOLOGY	11	26		2,389.10	91.89	.075	217.19	6.92
ROOM USE	7	13		539.07	41.47	.038	77.01	1.56
CROSSOVERS/ALL OTH OUTPTNT	56	285		7,733.93	27.14	.826	138.11	22.42
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	24	640	\$	110,131.52	\$ 172.08	1.855	\$ 4588.81	\$ 319.22
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	24	640		110,131.52	172.08	1.855	4588.81	319.22
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	10	29	\$	324.86	\$ 11.20	.084	\$ 32.49	\$.94
PATHOLOGY	6	22		286.31	13.01	.064	47.72	.83
XO AND OTHERS	4	7		38.55	5.51	.020	9.64	.11
@ORGANIZED OUTPATIENT CLINIC	136	260	\$	17,704.70	\$ 68.10	.754	\$ 130.18	\$ 51.32
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	136	260		17,704.70	68.10	.754	130.18	51.32

#CALIF DEPT OF HEALTH SERV MOP024
MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

PAGE 7,428
01/17/03

	345 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	42	251	\$	5,172.25	\$ 20.61	.728	\$ 123.15	\$ 14.99
DURABLE MED. EQUIP.	2	3		206.09	68.70	.009	103.05	.60
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	161	1,511.31	9.39	.467	503.77	4.38
AMBULANCES/AIR TRANS	1	9	146.60	16.29	.026	146.60	.42
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	152	1,364.71	8.98	.441	682.36	3.96
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	15	199.50	13.30	.043	24.94	.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	16	1,746.88	109.18	.046	291.15	5.06
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	25	56	1,508.47	26.94	.162	60.34	4.37
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	102	534	17,921.74	33.56	1.548	175.70	51.95

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,429
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED	

702 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	722	24,542	\$ 3,550,026.26	\$ 144.65	34.960	\$ 4916.93	\$ 5057.02
@PHYSICIANS SERVICES	55	155	\$ 1,230.10	\$ 7.94	.221	\$ 22.37	\$ 1.75
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRES PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	55	155		1,230.10		7.94	.221	22.37	1.75
@PHARMACY	590	3,127	\$	170,677.90	\$	54.58	4.454	\$ 289.28	\$ 243.13
PRESCRIPTION DRUGS	588	3,110		169,716.59		54.57	4.430	288.63	241.76
SNF/ICF	554	2,843		153,852.03		54.12	4.050	277.71	219.16
OUTPATIENTS	80	267		15,864.56		59.42	.380	198.31	22.60
MEDICAL SUPPLIES	2	17		961.31		56.55	.024	480.66	1.37
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED

AID CODE

PAGE 7,430

01/17/03

702 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	17	32	\$ 600.05	\$ 18.75	.046	\$ 35.30	\$.85
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	10	23	396.84	17.25	.033	39.68	.57
OTHER OPTOMETRIC SERVICES	7	9	203.21	22.58	.013	29.03	.29
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	51	177	\$ 11,662.25	\$ 65.89	.252	\$ 228.67	\$ 16.61
HOSP INPATIENT TOTAL	9	59	7,279.47	123.38	.084	808.83	10.37
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	9	59	7,279.47	123.38	.084	808.83	10.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	42	118	4,382.78	37.14	.168	104.35	6.24
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	42	118	4,382.78	37.14	.168	104.35	6.24
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,431
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						
					AID CODE		
						----- MONTHLY AVERAGE -----	
702 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	51	177	\$ 11,662.25	\$ 65.89	.252	\$ 228.67	\$ 16.61
COMM HOSP INPATIENT TOTAL	9	59	7,279.47	123.38	.084	808.83	10.37
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	9	59	7,279.47	123.38	.084	808.83	10.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	42	118	4,382.78	37.14	.168	104.35	6.24
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	42	118	4,382.78	37.14	.168	104.35	6.24
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	673	20,462	\$ 3,341,665.88	\$ 163.31	29.148	\$ 4965.33	\$ 4760.21
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	673	20,462	3,341,665.88	163.31	29.148	4965.33	4760.21
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	288	495	\$ 15,894.09	\$ 32.11	.705	\$ 55.19	\$ 22.64
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	288	495	15,894.09	32.11	.705	55.19	22.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,432
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						
					AID CODE		

702 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	22	94	\$ 8,295.99	\$ 88.26	.134	\$ 377.09	\$ 11.82
DURABLE MED. EQUIP.	4	16	7,475.55	467.22	.023	1868.89	10.65
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	46	166.27	3.61	.066	166.27	.24
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	46	166.27	3.61	.066	166.27	.24
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	20	268.05	13.40	.028	26.81	.38
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	161.45	40.36	.006	53.82	.23
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	8	224.67	28.08	.011	56.17	.32
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	160	370	\$ 27,143.50	\$ 73.36	.527	\$ 169.65	\$ 38.67

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND

PAGE 7,433
01/17/03

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12	434	\$ 63,673.25	\$ 146.71	36.167	\$ 5306.10	\$ 5306.10
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	12	49	\$	4,521.35	\$	92.27	4.083	\$ 376.78	\$ 376.78
PRESCRIPTION DRUGS	12	49		4,521.35		92.27	4.083	376.78	376.78
SNF/ICF	12	49		4,521.35		92.27	4.083	376.78	376.78
OUTPATIENTS	0	0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,434
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

	12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,435
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	12	364	\$	58,019.08	\$ 159.39	30.333	\$ 4834.92	\$ 4834.92
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	12	364		58,019.08	159.39	30.333	4834.92	4834.92
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	21	\$	1,132.82	\$ 53.94	1.750	\$ 125.87	\$ 94.40
CLINIC	0	0		.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	9	21	1,132.82	53.94	1.750	125.87	94.40

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,436
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	1	\$ 316.69	\$ 316.69	.083	\$ 105.56	\$ 26.39

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,437
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED	AID CODE

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	27	915	\$ 141,009.15	\$ 154.11	32.679	\$ 5222.56	\$ 5036.04
@PHYSICIANS SERVICES	8	15	\$ 274.54	\$ 18.30	.536	\$ 34.32	\$ 9.81
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	7	14		236.74		16.91	.500	33.82	8.46
HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	7	14		236.74		16.91	.500	33.82	8.46
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		37.80		37.80	.036	37.80	1.35
@PHARMACY	25	112	\$	8,571.47	\$	76.53	4.000	\$ 342.86	\$ 306.12
PRESCRIPTION DRUGS	25	112		8,571.47		76.53	4.000	342.86	306.12
SNF/ICF	25	109		8,423.98		77.28	3.893	336.96	300.86
OUTPATIENTS	1	3		147.49		49.16	.107	147.49	5.27
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 7,438
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED								
				AID CODE					
				----- MONTHLY AVERAGE -----					
28 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@OPTOMETRIST	2	5 \$	63.66	\$ 12.73	.179	\$ 31.83	\$ 2.27		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00		
EYE APPLIANCES	2	3	42.85	14.28	.107	21.43	1.53		
OTHER OPTOMETRIC SERVICES	1	2	20.81	10.41	.071	20.81	.74		
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00		

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	3	5	\$	398.18	\$	79.64	.179	\$ 132.73 \$ 14.22
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	5		398.18	79.64	.179	132.73	14.22
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		17.23	8.62	.071	17.23	.62
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	3		380.95	126.98	.107	190.48	13.61
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,439
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	5	\$ 398.18	\$ 79.64	.179	\$ 132.73	\$ 14.22
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	5		398.18	79.64	.179	132.73	14.22
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		17.23	8.62	.071	17.23	.62
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	3		380.95	126.98	.107	190.48	13.61
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	27	767	\$	130,776.53	\$ 170.50	27.393	\$ 4843.58	\$ 4670.59
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	27	767		130,776.53	170.50	27.393	4843.58	4670.59
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	11.07	\$ 11.07	.036	\$ 11.07	\$.40
PATHOLOGY	1	1		11.07	11.07	.036	11.07	.40
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	8	\$	897.06	\$ 112.13	.286	\$ 149.51	\$ 32.04
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	8		897.06	112.13	.286	149.51	32.04

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED

AID CODE

PAGE 7,440

01/17/03

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$ 16.64	\$ 8.32	.071	\$ 16.64	\$.59
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.071	16.64	.59
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	6	\$ 439.86	\$ 73.31	.214	\$ 87.97	\$ 15.71

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,441
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	DISCONTIN			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00						
OFFICE VISITS	0	0	.00	.00	.000	.00	.00						
HOME VISITS	0	0	.00	.00	.000	.00	.00						
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00						
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00						
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00						
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00						
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00						
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00						
CRITICAL CARE	0	0	.00	.00	.000	.00	.00						
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00						
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00						
EXAMINATIONS	0	0	.00	.00	.000	.00	.00						
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00						
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00						
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00						
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00						
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00						
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00						
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00						
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00						
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00						
DIALYSIS	0	0	.00	.00	.000	.00	.00						
PATHOLOGY	0	0	.00	.00	.000	.00	.00						
RADIOLOGY	0	0	.00	.00	.000	.00	.00						
PSYCHIATRY	0	0	.00	.00	.000	.00	.00						
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00						
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00						
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00						
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00						
SNF/ICF	0	0	.00	.00	.000	.00	.00						
OUTPATIENTS	0	0	.00	.00	.000	.00	.00						
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00						
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00						
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00						
ORAL SURGERY	0	0	.00	.00	.000	.00	.00						
DRUGS	0	0	.00	.00	.000	.00	.00						
ANESTHESIA	0	0	.00	.00	.000	.00	.00						
PERIODONTICS	0	0	.00	.00	.000	.00	.00						
ENDODONTICS	0	0	.00	.00	.000	.00	.00						
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00						
PROSTHETICS	0	0	.00	.00	.000	.00	.00						
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00						
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00						
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00						
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00						
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00						
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,442						
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03						
MODOC COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES												
							DISCONTIN						
							----- MONTHLY AVERAGE -----						
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER						
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE						
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00						
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00						

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,443
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN

----- MONTHLY AVERAGE -----
00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
MODOC COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

PAGE 7,444
01/17/03

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,445
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG	

742 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	761	25,891	\$ 3,754,708.66	\$ 145.02	34.894	\$ 4933.91	\$ 5060.25
@PHYSICIANS SERVICES	63	170	\$ 1,504.64	\$ 8.85	.229	\$ 23.88	\$ 2.03
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	14	236.74	16.91	.019	33.82	.32
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	7	14	236.74	16.91	.019	33.82	.32
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	56	156		1,267.90	8.13	.210	22.64	1.71	
@PHARMACY	627	3,288	\$	183,770.72	\$ 55.89	4.431	\$ 293.10	\$ 247.67	
PRESCRIPTION DRUGS	625	3,271		182,809.41	55.89	4.408	292.50	246.37	
SNF/ICF	591	3,001		166,797.36	55.58	4.044	282.23	224.79	
OUTPATIENTS	81	270		16,012.05	59.30	.364	197.68	21.58	
MEDICAL SUPPLIES	2	17		961.31	56.55	.023	480.66	1.30	
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 7,446
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SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

742 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	19	37	\$ 663.71	\$ 17.94	.050	\$	34.93	\$.89
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	12	26	439.69	16.91	.035		36.64	.59
OTHER OPTOMETRIC SERVICES	8	11	224.02	20.37	.015		28.00	.30
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$	.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	54	182	\$ 12,060.43	\$ 66.27	.245	\$	223.34	\$ 16.25
HOSP INPATIENT TOTAL	9	59	7,279.47	123.38	.080		808.83	9.81
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	9	59	7,279.47	123.38	.080		808.83	9.81
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	45	123	4,780.96	38.87	.166		106.24	6.44
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	1	2	17.23	8.62	.003		17.23	.02
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	44	121	4,763.73	39.37	.163		108.27	6.42
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00

742 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	54	182	\$ 12,060.43	\$ 66.27	.245	\$ 223.34	\$ 16.25
COMM HOSP INPATIENT TOTAL	9	59	7,279.47	123.38	.080	808.83	9.81
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	9	59	7,279.47	123.38	.080	808.83	9.81
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	45	123	4,780.96	38.87	.166	106.24	6.44
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	17.23	8.62	.003	17.23	.02
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	44	121	4,763.73	39.37	.163	108.27	6.42
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	712	21,593	\$ 3,530,461.49	\$ 163.50	29.101	\$ 4958.51	\$ 4758.03
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	712	21,593	3,530,461.49	163.50	29.101	4958.51	4758.03
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 11.07	\$ 11.07	.001	\$ 11.07	\$.01
PATHOLOGY	1	1	11.07	11.07	.001	11.07	.01
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	303	524	\$ 17,923.97	\$ 34.21	.706	\$ 59.16	\$ 24.16
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	303	524	17,923.97	34.21	.706	59.16	24.16

742 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	23	96	\$ 8,312.63	\$ 86.59	.129	\$ 361.42	\$ 11.20
DURABLE MED. EQUIP.	4	16	7,475.55	467.22	.022	1868.89	10.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	46	166.27	3.61	.062	166.27	.22
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	46	166.27	3.61	.062	166.27	.22
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	22	284.69	12.94	.030	25.88	.38
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	161.45	40.36	.005	53.82	.22
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	8	224.67	28.08	.011	56.17	.30
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	168	377	\$ 27,900.05	\$ 74.01	.508	\$ 166.07	\$ 37.60

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

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1,066 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,056	27,067	\$ 3,737,030.53	\$ 138.07	25.391	\$ 3538.85	\$ 3505.66
@PHYSICIANS SERVICES	85	250	\$ 3,588.70	\$ 14.35	.235	\$ 42.22	\$ 3.37
OUTPATIENT VISITS	2	2	118.56	59.28	.002	59.28	.11
OFFICE VISITS	1	1	37.50	37.50	.001	37.50	.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	81.06	81.06	.001	81.06	.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	85	248		3,470.14	13.99	.233	40.83	3.26
@PHARMACY	825	3,952	\$	213,352.98	\$ 53.99	3.707	\$ 258.61	\$ 200.14
PRESCRIPTION DRUGS	822	3,932		212,200.29	53.97	3.689	258.15	199.06
SNF/ICF	574	2,937		156,817.24	53.39	2.755	273.20	147.11
OUTPATIENTS	300	995		55,383.05	55.66	.933	184.61	51.95
MEDICAL SUPPLIES	5	20		1,152.69	57.63	.019	230.54	1.08
@DENTIST	5	12	\$	.00	\$.00	.011	\$.00	\$.00
VISITS - DIAGNOSTIC	2	3		.00	.00	.003	.00	.00
ORAL SURGERY	1	1		.00	.00	.001	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	7		.00	.00	.007	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.001	.00	.00

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

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1,066 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	32	62	\$ 1,289.71	\$ 20.80	.058	\$ 40.30	\$ 1.21
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.003	47.45	.13
EYE APPLIANCES	20	48	817.18	17.02	.045	40.86	.77
OTHER OPTOMETRIC SERVICES	12	11	330.18	30.02	.010	27.52	.31
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 1.82	\$ 1.82	.001	\$ 1.82	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	1.82	1.82	.001	1.82	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	106	444	\$	23,222.21	\$	52.30	.417	\$	219.08	\$	21.78
HOSP INPATIENT TOTAL	14	78		9,909.56		127.05	.073		707.83		9.30
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	14	78		9,909.56		127.05	.073		707.83		9.30
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	94	366		13,312.65		36.37	.343		141.62		12.49
MEDICAL	0	0		59.10		.00	.000		.00		.06
SURGERY	1	1		23.89		23.89	.001		23.89		.02
PATHOLOGY	1	1		54.51		54.51	.001		54.51		.05
RADIOLOGY	3	3		1,239.31		413.10	.003		413.10		1.16
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	90	361		11,935.84		33.06	.339		132.62		11.20
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,451
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

	1,066 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	106		444	\$ 23,222.21	\$ 52.30	.417	\$ 219.08	\$ 21.78
COMM HOSP INPATIENT TOTAL	14		78	9,909.56	127.05	.073	707.83	9.30
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	14		78	9,909.56	127.05	.073	707.83	9.30
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	94		366	13,312.65	36.37	.343	141.62	12.49
MEDICAL	0		0	59.10	.00	.000	.00	.06
SURGERY	1		1	23.89	23.89	.001	23.89	.02
PATHOLOGY	1		1	54.51	54.51	.001	54.51	.05
RADIOLOGY	3		3	1,239.31	413.10	.003	413.10	1.16
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	90		361	11,935.84	33.06	.339	132.62	11.20
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	696		21,097	\$ 3,451,163.21	\$ 163.59	19.791	\$ 4958.57	\$ 3237.49
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	696		21,097	3,451,163.21	163.59	19.791	4958.57	3237.49
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0		0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	7		25	\$ 378.73	\$ 15.15	.023	\$ 54.10	\$.36
PATHOLOGY	4		20	346.69	17.33	.019	86.67	.33
XO AND OTHERS	3		5	32.04	6.41	.005	10.68	.03
@ORGANIZED OUTPATIENT CLINIC	391		700	\$ 30,713.41	\$ 43.88	.657	\$ 78.55	\$ 28.81
CLINIC	0		0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	391	700	30,713.41	43.88	.657	78.55	28.81

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,452
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,066 ELIGIBLES							
@ALL OTHER PROVIDERS	66	524	\$ 13,319.76	\$ 25.42	.492	\$ 201.81	\$ 12.50
DURABLE MED. EQUIP.	7	27	8,320.52	308.17	.025	1188.65	7.81
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	79	1,034.03	13.09	.074	517.02	.97
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	79	1,034.03	13.09	.074	517.02	.97
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	37	497.81	13.45	.035	27.66	.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	9	20	1,908.33	95.42	.019	212.04	1.79
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	31	361	1,559.07	4.32	.339	50.29	1.46
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	261	837	\$ 42,781.06	\$ 51.11	.785	\$ 163.91	\$ 40.13

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,453
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
20 ELIGIBLES							
@TOTAL, ALL PROVIDERS	18	448	\$ 64,880.08	\$ 144.82	22.400	\$ 3604.45	\$ 3244.00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	0	0		.00		.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	12	49	\$	4,521.35	\$	92.27	2.450	\$ 376.78	\$ 226.07
PRESCRIPTION DRUGS	12	49		4,521.35		92.27	2.450	376.78	226.07
SNF/ICF	12	49		4,521.35		92.27	2.450	376.78	226.07
OUTPATIENTS	0	0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 7,454
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND								

	20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	2	\$	25.19	\$	12.60	.100	\$ 12.60	\$ 1.26
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	2		25.19		12.60	.100	12.60	1.26
MEDICAL	1	1		12.79		12.79	.050	12.79	.64
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		12.40		12.40	.050	12.40	.62
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,455
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	2	\$ 25.19	\$ 12.60	.100	\$ 12.60	\$ 1.26
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	2		25.19	12.60	.100	12.60	1.26
MEDICAL	1	1		12.79	12.79	.050	12.79	.64
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		12.40	12.40	.050	12.40	.62
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	12	364	\$	58,019.08	\$ 159.39	18.200	\$ 4834.92	\$ 2900.95
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	12	364		58,019.08	159.39	18.200	4834.92	2900.95
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	15	33	\$	2,314.46	\$ 70.14	1.650	\$ 154.30	\$ 115.72
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	15	33		2,314.46	70.14	1.650	154.30	115.72

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,456
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4	2	\$ 329.09	\$ 164.55	.100	\$ 82.27	\$ 16.45

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,457
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED	

397 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	430	4,226	\$ 345,682.48	\$ 81.80	10.645	\$ 803.91	\$ 870.74
@PHYSICIANS SERVICES	73	175	\$ 7,173.70	\$ 40.99	.441	\$ 98.27	\$ 18.07

OUTPATIENT VISITS	23	37		989.62	26.75	.093	43.03	2.49
OFFICE VISITS	20	34		866.89	25.50	.086	43.34	2.18
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		92.73	46.37	.005	46.37	.23
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		30.00	30.00	.003	30.00	.08
INPATIENT VISITS	7	14		236.74	16.91	.035	33.82	.60
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	7	14		236.74	16.91	.035	33.82	.60
OPHTHALMOLOGICAL SERVICES	1	1		20.00	20.00	.003	20.00	.05
EXAMINATIONS	1	1		20.00	20.00	.003	20.00	.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2		607.23	303.62	.005	607.23	1.53
PRINCIPAL SURGEON	1	1		505.96	505.96	.003	505.96	1.27
ASSISTANT SURGEON	1	1		101.27	101.27	.003	101.27	.26
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	10	22		2,093.73	95.17	.055	209.37	5.27
PRINCIPAL SURGEON	9	15		1,828.32	121.89	.038	203.15	4.61
ASSISTANT SURGEON	1	1		118.02	118.02	.003	118.02	.30
ANESTHESIOLOGIST	1	6		147.39	24.57	.015	147.39	.37
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	13	19		78.36	4.12	.048	6.03	.20
RADIOLOGY	7	15		410.50	27.37	.038	58.64	1.03
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	9		1,557.27	173.03	.023	389.32	3.92
OTHER SERVICES/ALL X-OVERS	25	56		1,180.25	21.08	.141	47.21	2.97
@PHARMACY	359	2,162	\$	131,147.78	\$ 60.66	5.446	\$ 365.31	\$ 330.35
PRESCRIPTION DRUGS	351	1,532		129,165.20	84.31	3.859	367.99	325.35
SNF/ICF	27	118		8,647.43	73.28	.297	320.28	21.78
OUTPATIENTS	325	1,414		120,517.77	85.23	3.562	370.82	303.57
MEDICAL SUPPLIES	21	630		1,982.58	3.15	1.587	94.41	4.99
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 7,458
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED							

						----- MONTHLY AVERAGE -----			
397 ELIGIBLES		USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	19	37	\$	639.55	\$ 17.29	.093	\$ 33.66	\$ 1.61	
DIAGNOSTIC AND ANC. PROCED	6	7		199.68	28.53	.018	33.28	.50	

EYE APPLIANCES	10	21		312.33	14.87	.053	31.23	.79
OTHER OPTOMETRIC SERVICES	5	9		127.54	14.17	.023	25.51	.32
@CHIROPRACTOR	1	2	\$	33.44	\$ 16.72	.005	\$ 33.44	\$.08
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	2		33.44	16.72	.005	33.44	.08
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	72	352	\$	18,169.88	\$ 51.62	.887	\$ 252.36	\$ 45.77
HOSP INPATIENT TOTAL	3	7		9,274.61	1324.94	.018	3091.54	23.36
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	2		7,832.17	3916.09	.005	7832.17	19.73
ACCOMMODATIONS	1	2		1,136.47	568.24	.005	1136.47	2.86
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		1,136.47	568.24	.005	1136.47	2.86
ANCILLARIES	1	0		6,695.70	.00	.000	6695.70	16.87
INPATIENT CROSSOVERS	2	5		1,442.44	288.49	.013	721.22	3.63
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	69	345		8,895.27	25.78	.869	128.92	22.41
MEDICAL	10	17		646.26	38.02	.043	64.63	1.63
SURGERY	6	6		410.65	68.44	.015	68.44	1.03
PATHOLOGY	22	78		802.41	10.29	.196	36.47	2.02
RADIOLOGY	9	23		1,108.72	48.21	.058	123.19	2.79
ROOM USE	13	21		927.08	44.15	.053	71.31	2.34
CROSSOVERS/ALL OTH OUTPTNT	46	200		5,000.15	25.00	.504	108.70	12.59
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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----- MONTHLY AVERAGE -----
397 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	72	352	\$	18,169.88	\$ 51.62	.887	\$ 252.36	\$ 45.77
COMM HOSP INPATIENT TOTAL	3	7		9,274.61	1324.94	.018	3091.54	23.36
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2		7,832.17	3916.09	.005	7832.17	19.73
ACCOMMODATIONS	1	2		1,136.47	568.24	.005	1136.47	2.86
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		1,136.47	568.24	.005	1136.47	2.86
ANCILLARIES	1	0		6,695.70	.00	.000	6695.70	16.87
INPATIENT CROSSOVERS	2	5		1,442.44	288.49	.013	721.22	3.63
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	69	345		8,895.27	25.78	.869	128.92	22.41
MEDICAL	10	17		646.26	38.02	.043	64.63	1.63
SURGERY	6	6		410.65	68.44	.015	68.44	1.03
PATHOLOGY	22	78		802.41	10.29	.196	36.47	2.02
RADIOLOGY	9	23		1,108.72	48.21	.058	123.19	2.79
ROOM USE	13	21		927.08	44.15	.053	71.31	2.34
CROSSOVERS/ALL OTH OUTPTNT	46	200		5,000.15	25.00	.504	108.70	12.59
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	32	910	\$	157,319.41	\$ 172.88	2.292	\$ 4916.23	\$ 396.27
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	32	910		157,319.41	172.88	2.292	4916.23	396.27
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	18	33	\$	570.52	\$ 17.29	.083	\$ 31.70	\$ 1.44
PATHOLOGY	16	30		559.99	18.67	.076	35.00	1.41
XO AND OTHERS	2	3		10.53	3.51	.008	5.27	.03
@ORGANIZED OUTPATIENT CLINIC	136	247	\$	23,176.09	\$ 93.83	.622	\$ 170.41	\$ 58.38
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	136	247		23,176.09	93.83	.622	170.41	58.38

#CALIF DEPT OF HEALTH SERV MOP024
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SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

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	397 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	46		308	\$ 7,452.11	\$ 24.20	.776	\$ 162.00	\$ 18.77
DURABLE MED. EQUIP.	5		8	827.27	103.41	.020	165.45	2.08
BLOOD BANK	0		0	.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	234	4,680.49	20.00	.589	936.10	11.79
AMBULANCES/AIR TRANS	4	115	4,183.54	36.38	.290	1045.89	10.54
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	119	496.95	4.18	.300	496.95	1.25
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	19	235.26	12.38	.048	23.53	.59
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	27	47	1,709.09	36.36	.118	63.30	4.31
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	86	411	\$ 10,899.54	\$ 26.52	1.035	\$ 126.74	\$ 27.45

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL

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MODOC COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

8,758 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,023	20,387	\$ 1,292,630.56	\$ 63.40	2.328	\$ 321.31	\$ 147.59
@PHYSICIANS SERVICES	835	2,133	\$ 108,890.97	\$ 51.05	.244	\$ 130.41	\$ 12.43
OUTPATIENT VISITS	578	799	29,364.66	36.75	.091	50.80	3.35
OFFICE VISITS	437	578	16,842.74	29.14	.066	38.54	1.92
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	90	94	4,587.35	48.80	.011	50.97	.52
PREVENTIVE CARE	1	2	54.74	27.37	.000	54.74	.01
OB VISITS/COMPRE PERI	77	102	7,096.22	69.57	.012	92.16	.81
OTHER OUTPATIENT	20	23	783.61	34.07	.003	39.18	.09
INPATIENT VISITS	40	166	14,678.50	88.42	.019	366.96	1.68
HOSPITAL VISITS	33	70	3,800.13	54.29	.008	115.16	.43
CRITICAL CARE	8	96	10,878.37	113.32	.011	1359.80	1.24
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	8	257.29	32.16	.001	36.76	.03
EXAMINATIONS	7	8	257.29	32.16	.001	36.76	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	35	157	13,733.40	87.47	.018	392.38	1.57
PRINCIPAL SURGEON	27	29	11,370.15	392.07	.003	421.12	1.30
ASSISTANT SURGEON	3	3	559.50	186.50	.000	186.50	.06
ANESTHESIOLOGIST	10	125	1,803.75	14.43	.014	180.38	.21
OUTPATIENT SURGERY	80	210	18,624.94	88.69	.024	232.81	2.13
PRINCIPAL SURGEON	67	77	16,424.07	213.30	.009	245.14	1.88
ASSISTANT SURGEON	1	1	167.72	167.72	.000	167.72	.02
ANESTHESIOLOGIST	15	132	2,033.15	15.40	.015	135.54	.23
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	137	217	1,789.54	8.25	.025	13.06	.20
RADIOLOGY	157	246	12,778.18	51.94	.028	81.39	1.46
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	21	31	794.18	25.62	.004	37.82	.09
OTHER SERVICES/ALL X-OVERS	99	299	16,870.28	56.42	.034	170.41	1.93
@PHARMACY	2,000	4,570	\$ 255,109.30	\$ 55.82	.522	\$ 127.55	\$ 29.13
PRESCRIPTION DRUGS	1,996	4,508	254,074.04	56.36	.515	127.29	29.01
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,996	4,508	254,074.04	56.36	.515	127.29	29.01
MEDICAL SUPPLIES	18	62	1,035.26	16.70	.007	57.51	.12
@DENTIST	79	463	\$ 19,400.60	\$ 41.90	.053	\$ 245.58	\$ 2.22
VISITS - DIAGNOSTIC	60	267	3,085.00	11.55	.030	51.42	.35
ORAL SURGERY	20	52	5,769.00	110.94	.006	288.45	.66
DRUGS	7	10	228.75	22.88	.001	32.68	.03
ANESTHESIA	11	11	1,200.00	109.09	.001	109.09	.14
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.02
ENDODONTICS	4	12	852.00	71.00	.001	213.00	.10
RESTORATIVE DENTISTRY	22	88	5,965.85	67.79	.010	271.18	.68
PROSTHETICS	2	2	30.00	15.00	.000	15.00	.00
DENTURES, STAYPLATES	2	9	1,188.00	132.00	.001	594.00	.14
SPACE MAINTAINERS	3	7	777.00	111.00	.001	259.00	.09
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	105.00	52.50	.000	52.50	.01
ALL OTHER SERVICES	2	2	.00	.00	.000	.00	.00

MODOC COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

8,758 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE	
					UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	183	408	\$ 9,345.58	\$ 22.91	.047	\$ 51.07
DIAGNOSTIC AND ANC. PROCED	112	116	4,629.34	39.91	.013	41.33
EYE APPLIANCES	101	253	4,212.21	16.65	.029	41.71
OTHER OPTOMETRIC SERVICES	37	39	504.03	12.92	.004	13.62
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.000	\$ 25.08
VISITS	2	3	50.16	16.72	.000	25.08
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00
NURSE MIDWIFE	2	12	\$ 476.63	\$ 39.72	.001	\$ 238.32
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00
FAMILY NURSE PRACTITIONER	2	3	\$ 112.80	\$ 37.60	.000	\$ 56.40
@TOTAL HOSPITAL	955	4,963	\$ 417,983.55	\$ 84.22	.567	\$ 437.68
HOSP INPATIENT TOTAL	67	278	269,071.38	967.88	.032	4015.99
HSC HOSPITALS	5	15	20,263.00	1350.87	.002	4052.60
NON-HSC HOSPITAL TOTAL	62	263	248,807.74	946.04	.030	4013.03
ACCOMMODATIONS	61	263	159,829.97	607.72	.030	2620.16
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	61	263	159,829.97	607.72	.030	2620.16
ANCILLARIES	62	0	88,977.77	.00	.000	1435.13
INPATIENT CROSSOVERS	1	0	.64	.00	.000	.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	918	4,685	148,912.17	31.78	.535	162.21
MEDICAL	402	580	18,284.60	31.53	.066	45.48
SURGERY	69	71	6,073.37	85.54	.008	88.02
PATHOLOGY	425	1,376	13,347.31	9.70	.157	31.41
RADIOLOGY	335	485	38,729.22	79.85	.055	115.61
ROOM USE	353	467	20,187.99	43.23	.053	57.19
CROSSOVERS/ALL OTH OUTPTNT	340	1,706	52,289.68	30.65	.195	153.79
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00

8,758 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	955	4,963	\$ 417,983.55	\$ 84.22	.567	\$ 437.68	\$ 47.73
COMM HOSP INPATIENT TOTAL	67	278	269,071.38	967.88	.032	4015.99	30.72
HSC HOSPITALS	5	15	20,263.00	1350.87	.002	4052.60	2.31
NON-HSC HOSPITALS TOTAL	62	263	248,807.74	946.04	.030	4013.03	28.41
ACCOMMODATIONS	61	263	159,829.97	607.72	.030	2620.16	18.25
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	61	263	159,829.97	607.72	.030	2620.16	18.25
ANCILLARIES	62	0	88,977.77	.00	.000	1435.13	10.16
INPATIENT CROSSOVERS	1	0	.64	.00	.000	.64	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	918	4,685	148,912.17	31.78	.535	162.21	17.00
MEDICAL	402	580	18,284.60	31.53	.066	45.48	2.09
SURGERY	69	71	6,073.37	85.54	.008	88.02	.69
PATHOLOGY	425	1,376	13,347.31	9.70	.157	31.41	1.52
RADIOLOGY	335	485	38,729.22	79.85	.055	115.61	4.42
ROOM USE	353	467	20,187.99	43.23	.053	57.19	2.31
CROSSOVERS/ALL OTH OUTPTNT	340	1,706	52,289.68	30.65	.195	153.79	5.97
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	358	836	\$ 14,405.45	\$ 17.23	.095	\$ 40.24	\$ 1.64
PATHOLOGY	358	836	14,405.45	17.23	.095	40.24	1.64
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,033	3,478	\$ 425,019.87	\$ 122.20	.397	\$ 209.06	\$ 48.53
CLINIC	7	25	891.06	35.64	.003	127.29	.10
SURGICENTER	2	8	313.10	39.14	.001	156.55	.04
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,028	3,445	423,815.71	123.02	.393	208.98	48.39

8,758 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	277	3,518	\$ 41,835.65	\$ 11.89	.402	\$ 151.03	\$ 4.78
DURABLE MED. EQUIP.	23	87	2,816.14	32.37	.010	122.44	.32
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	4	164.28	41.07	.000	82.14	.02
MEDICAL TRANSPORTATION	35	1,359	24,602.28	18.10	.155	702.92	2.81
AMBULANCES/AIR TRANS	34	1,354	17,777.28	13.13	.155	522.86	2.03
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	5	6,825.00	1365.00	.001	1365.00	.78
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	14	14	1,356.00	96.86	.002	96.86	.15
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	79	163	1,519.37	9.32	.019	19.23	.17
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	148.65	49.55	.000	74.33	.02
PROSTHETICS	2	3	148.65	49.55	.000	74.33	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	14	1,720.51	122.89	.002	344.10	.20
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	95	1,040	7,372.87	7.09	.119	77.61	.84
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	834	2,135.55	2.56	.095	82.14	.24
@CALIF. CHILDREN SERVICES*	17	57	\$ 30,071.63	\$ 527.57	.007	\$ 1768.92	\$ 3.43
@XOVER EXCLUDING STATE HOSP**	18	65	\$ 3,765.77	\$ 57.93	.007	\$ 209.21	\$.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

PAGE 7,465
01/17/03

10,241 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,527	52,128	\$ 5,440,223.65	\$ 104.36	5.090	\$ 984.30	\$ 531.22
@PHYSICIANS SERVICES	993	2,558	\$ 119,653.37	\$ 46.78	.250	\$ 120.50	\$ 11.68
OUTPATIENT VISITS	603	838	30,472.84	36.36	.082	50.54	2.98
OFFICE VISITS	458	613	17,747.13	28.95	.060	38.75	1.73
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	93	97	4,761.14	49.08	.009	51.20	.46
PREVENTIVE CARE	1	2	54.74	27.37	.000	54.74	.01
OB VISITS/COMPRE PERI	77	102	7,096.22	69.57	.010	92.16	.69
OTHER OUTPATIENT	21	24	813.61	33.90	.002	38.74	.08
INPATIENT VISITS	47	180	14,915.24	82.86	.018	317.35	1.46
HOSPITAL VISITS	33	70	3,800.13	54.29	.007	115.16	.37
CRITICAL CARE	8	96	10,878.37	113.32	.009	1359.80	1.06
SNF/ICF/TRANS IP CARE	7	14	236.74	16.91	.001	33.82	.02
OPHTHALMOLOGICAL SERVICES	8	9	277.29	30.81	.001	34.66	.03

EXAMINATIONS	8	9		277.29	30.81	.001	34.66	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	36	159		14,340.63	90.19	.016	398.35	1.40
PRINCIPAL SURGEON	28	30		11,876.11	395.87	.003	424.15	1.16
ASSISTANT SURGEON	4	4		660.77	165.19	.000	165.19	.06
ANESTHESIOLOGIST	10	125		1,803.75	14.43	.012	180.38	.18
OUTPATIENT SURGERY	90	232		20,718.67	89.30	.023	230.21	2.02
PRINCIPAL SURGEON	76	92		18,252.39	198.40	.009	240.16	1.78
ASSISTANT SURGEON	2	2		285.74	142.87	.000	142.87	.03
ANESTHESIOLOGIST	16	138		2,180.54	15.80	.013	136.28	.21
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	150	236		1,867.90	7.91	.023	12.45	.18
RADIOLOGY	164	261		13,188.68	50.53	.025	80.42	1.29
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	25	40		2,351.45	58.79	.004	94.06	.23
OTHER SERVICES/ALL X-OVERS	209	603		21,520.67	35.69	.059	102.97	2.10
@PHARMACY	3,196	10,733	\$	604,131.41	\$ 56.29	1.048	\$ 189.03	\$ 58.99
PRESCRIPTION DRUGS	3,181	10,021		599,960.88	59.87	.979	188.61	58.58
SNF/ICF	613	3,104		169,986.02	54.76	.303	277.30	16.60
OUTPATIENTS	2,621	6,917		429,974.86	62.16	.675	164.05	41.99
MEDICAL SUPPLIES	44	712		4,170.53	5.86	.070	94.78	.41
@DENTIST	84	475	\$	19,400.60	\$ 40.84	.046	\$ 230.96	\$ 1.89
VISITS - DIAGNOSTIC	62	270		3,085.00	11.43	.026	49.76	.30
ORAL SURGERY	21	53		5,769.00	108.85	.005	274.71	.56
DRUGS	7	10		228.75	22.88	.001	32.68	.02
ANESTHESIA	11	11		1,200.00	109.09	.001	109.09	.12
PERIODONTICS	1	1		200.00	200.00	.000	200.00	.02
ENDODONTICS	4	12		852.00	71.00	.001	213.00	.08
RESTORATIVE DENTISTRY	24	95		5,965.85	62.80	.009	248.58	.58
PROSTHETICS	2	2		30.00	15.00	.000	15.00	.00
DENTURES, STAYPLATES	2	9		1,188.00	132.00	.001	594.00	.12
SPACE MAINTAINERS	3	7		777.00	111.00	.001	259.00	.08

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	105.00	52.50	.000	52.50	.01
ALL OTHER SERVICES	3	3	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,466
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

	10,241 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	234		507	\$ 11,274.84	\$ 22.24	.050	\$ 48.18	\$ 1.10
DIAGNOSTIC AND ANC. PROCED	121		126	4,971.37	39.46	.012	41.09	.49
EYE APPLIANCES	131		322	5,341.72	16.59	.031	40.78	.52
OTHER OPTOMETRIC SERVICES	54		59	961.75	16.30	.006	17.81	.09
@CHIROPRACTOR	3		5	\$ 83.60	\$ 16.72	.000	\$ 27.87	\$.01
VISITS	2		3	50.16	16.72	.000	25.08	.00
OTHER SERVICES	1		2	33.44	16.72	.000	33.44	.00
@PODIATRIST	1		1	\$ 1.82	\$ 1.82	.000	\$ 1.82	\$.00
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	1		1	1.82	1.82	.000	1.82	.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2		12	\$ 476.63	\$ 39.72	.001	\$ 238.32	\$.05
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2		3	\$ 112.80	\$ 37.60	.000	\$ 56.40	\$.01
@TOTAL HOSPITAL	1,135		5,761	\$ 459,400.83	\$ 79.74	.563	\$ 404.76	\$ 44.86
HOSP INPATIENT TOTAL	84		363	288,255.55	794.09	.035	3431.61	28.15
HSC HOSPITALS	5		15	20,263.00	1350.87	.001	4052.60	1.98
NON-HSC HOSPITAL TOTAL	63		265	256,639.91	968.45	.026	4073.65	25.06
ACCOMMODATIONS	62		265	160,966.44	607.42	.026	2596.23	15.72
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	62		265	160,966.44	607.42	.026	2596.23	15.72
ANCILLARIES	63		0	95,673.47	.00	.000	1518.63	9.34
INPATIENT CROSSOVERS	17		83	11,352.64	136.78	.008	667.80	1.11
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,083		5,398	171,145.28	31.71	.527	158.03	16.71
MEDICAL	413		598	19,002.75	31.78	.058	46.01	1.86
SURGERY	76		78	6,507.91	83.43	.008	85.63	.64
PATHOLOGY	448		1,455	14,204.23	9.76	.142	31.71	1.39
RADIOLOGY	347		511	41,077.25	80.39	.050	118.38	4.01
ROOM USE	366		488	21,115.07	43.27	.048	57.69	2.06
CROSSOVERS/ALL OTH OUTPTNT	477		2,268	69,238.07	30.53	.221	145.15	6.76
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,467
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

	10,241 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,135	5,761	\$	459,400.83	\$ 79.74	.563	\$ 404.76	\$ 44.86
COMM HOSP INPATIENT TOTAL	84	363		288,255.55	794.09	.035	3431.61	28.15
HSC HOSPITALS	5	15		20,263.00	1350.87	.001	4052.60	1.98
NON-HSC HOSPITALS TOTAL	63	265		256,639.91	968.45	.026	4073.65	25.06
ACCOMMODATIONS	62	265		160,966.44	607.42	.026	2596.23	15.72
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	62	265		160,966.44	607.42	.026	2596.23	15.72
ANCILLARIES	63	0		95,673.47	.00	.000	1518.63	9.34
INPATIENT CROSSOVERS	17	83		11,352.64	136.78	.008	667.80	1.11
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,083	5,398		171,145.28	31.71	.527	158.03	16.71
MEDICAL	413	598		19,002.75	31.78	.058	46.01	1.86
SURGERY	76	78		6,507.91	83.43	.008	85.63	.64
PATHOLOGY	448	1,455		14,204.23	9.76	.142	31.71	1.39
RADIOLOGY	347	511		41,077.25	80.39	.050	118.38	4.01
ROOM USE	366	488		21,115.07	43.27	.048	57.69	2.06
CROSSOVERS/ALL OTH OUTPTNT	477	2,268		69,238.07	30.53	.221	145.15	6.76
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	740	22,371	\$	3,666,501.70	\$ 163.90	2.184	\$ 4954.73	\$ 358.02
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	740	22,371		3,666,501.70	163.90	2.184	4954.73	358.02
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	383	894	\$	15,354.70	\$ 17.18	.087	\$ 40.09	\$ 1.50
PATHOLOGY	378	886		15,312.13	17.28	.087	40.51	1.50
XO AND OTHERS	5	8		42.57	5.32	.001	8.51	.00
@ORGANIZED OUTPATIENT CLINIC	2,575	4,458	\$	481,223.83	\$ 107.95	.435	\$ 186.88	\$ 46.99
CLINIC	7	25		891.06	35.64	.002	127.29	.09

SURGICENTER	2	8	313.10	39.14	.001	156.55	.03
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,570	4,425	480,019.67	108.48	.432	186.78	46.87

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

PAGE 7,468 01/17/03

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
10,241 ELIGIBLES							
@ALL OTHER PROVIDERS	389	4,350	\$ 62,607.52	\$ 14.39	.425	\$ 160.94	\$ 6.11
DURABLE MED. EQUIP.	35	122	11,963.93	98.07	.012	341.83	1.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	4	164.28	41.07	.000	82.14	.02
MEDICAL TRANSPORTATION	42	1,672	30,316.80	18.13	.163	721.83	2.96
AMBULANCES/AIR TRANS	38	1,469	21,960.82	14.95	.143	577.92	2.14
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	8	203	8,355.98	41.16	.020	1044.50	.82
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	14	14	1,356.00	96.86	.001	96.86	.13
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	107	219	2,252.44	10.29	.021	21.05	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	148.65	49.55	.000	74.33	.01
PROSTHETICS	2	3	148.65	49.55	.000	74.33	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	14	34	3,628.84	106.73	.003	259.20	.35
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	95	1,040	7,372.87	7.09	.102	77.61	.72
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	84	1,242	5,403.71	4.35	.121	64.33	.53
@CALIF. CHILDREN SERVICES*	17	57	\$ 30,071.63	\$ 527.57	.006	\$ 1768.92	\$ 2.94
@XOVER EXCLUDING STATE HOSP**	369	1,315	\$ 57,775.46	\$ 43.94	.128	\$ 156.57	\$ 5.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,469 01/17/03
	FEE-FOR-SERVICE/DENTAL	
	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
539 ELIGIBLES							
@TOTAL, ALL PROVIDERS	229	1,292	\$ 60,355.28	\$ 46.71	2.397	\$ 263.56	\$ 111.98
@PHYSICIANS SERVICES	56	110	\$ 4,824.53	\$ 43.86	.204	\$ 86.15	\$ 8.95
OUTPATIENT VISITS	39	50	1,416.29	28.33	.093	36.32	2.63
OFFICE VISITS	30	38	972.07	25.58	.071	32.40	1.80
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	11	416.78	37.89	.020	46.31	.77
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	1	1		27.44	27.44	.002	27.44	.05
INPATIENT VISITS	1	3		89.30	29.77	.006	89.30	.17
HOSPITAL VISITS	1	3		89.30	29.77	.006	89.30	.17
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2		651.94	325.97	.004	325.97	1.21
PRINCIPAL SURGEON	1	1		544.72	544.72	.002	544.72	1.01
ASSISTANT SURGEON	1	1		107.22	107.22	.002	107.22	.20
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	8	27		1,754.09	64.97	.050	219.26	3.25
PRINCIPAL SURGEON	6	9		1,329.03	147.67	.017	221.51	2.47
ASSISTANT SURGEON	1	1		110.95	110.95	.002	110.95	.21
ANESTHESIOLOGIST	2	17		314.11	18.48	.032	157.06	.58
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	3		36.90	12.30	.006	12.30	.07
RADIOLOGY	9	16		476.48	29.78	.030	52.94	.88
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	4		216.46	54.12	.007	54.12	.40
OTHER SERVICES/ALL X-OVERS	5	5		183.07	36.61	.009	36.61	.34
@PHARMACY	104	217	\$	10,229.41	\$ 47.14	.403	\$ 98.36	\$ 18.98
PRESCRIPTION DRUGS	104	217		10,229.41	47.14	.403	98.36	18.98
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	104	217		10,229.41	47.14	.403	98.36	18.98
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	15	54	\$	5,402.00	\$ 100.04	.100	\$ 360.13	\$ 10.02
VISITS - DIAGNOSTIC	7	17		261.00	15.35	.032	37.29	.48
ORAL SURGERY	2	2		90.00	45.00	.004	45.00	.17
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	2	5		1,235.00	247.00	.009	617.50	2.29
RESTORATIVE DENTISTRY	5	21		2,628.00	125.14	.039	525.60	4.88
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		48.00	48.00	.002	48.00	.09
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	7		1,065.00	152.14	.013	213.00	1.98
ALL OTHER SERVICES	1	1		75.00	75.00	.002	75.00	.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
MODOC COUNTY	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82							
----- MONTHLY AVERAGE -----								
539 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	7	12	\$	201.23	\$ 16.77	.022	\$ 28.75	\$.37
DIAGNOSTIC AND ANC. PROCED	2	2		19.76	9.88	.004	9.88	.04
EYE APPLIANCES	3	5		85.47	17.09	.009	28.49	.16
OTHER OPTOMETRIC SERVICES	5	5		96.00	19.20	.009	19.20	.18
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	.00	.000	.00	.00

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	\$	.00
NURSE ANESTHESIST	1	15	\$	135.77	\$	9.05	\$	135.77
NURSE MIDWIFE	0	0	\$	.00	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
@TOTAL HOSPITAL	58	252	\$	17,553.53	\$	69.66	\$	302.65
HOSP INPATIENT TOTAL	3	4		9,421.93		2355.48		3140.64
HSC HOSPITALS	0	0		.00		.00		.00
NON-HSC HOSPITAL TOTAL	3	4		9,421.93		2355.48		3140.64
ACCOMMODATIONS	3	4		2,656.49		664.12		885.50
ADMINISTRATIVE DAYS	0	0		.00		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00		.00
ALL OTHER ACCOM	3	4		2,656.49		664.12		885.50
ANCILLARIES	3	0		6,765.44		.00		2255.15
INPATIENT CROSSOVERS	0	0		.00		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00		.00
HOSP OUTPATIENT TOTAL	56	248		8,131.60		32.79		145.21
MEDICAL	27	40		1,601.37		40.03		59.31
SURGERY	9	9		966.52		107.39		107.39
PATHOLOGY	24	87		781.03		8.98		32.54
RADIOLOGY	26	32		2,172.54		67.89		83.56
ROOM USE	25	35		1,872.31		53.49		74.89
CROSSOVERS/ALL OTH OUTPTNT	20	45		737.83		16.40		36.89
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00		.00
HSC HOSPITALS	0	0		.00		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00		.00
ACCOMMODATIONS	0	0		.00		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

539 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	58	252	\$ 17,553.53	\$ 69.66	.468	\$ 302.65	\$ 32.57
COMM HOSP INPATIENT TOTAL	3	4	9,421.93	2355.48	.007	3140.64	17.48
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	4	9,421.93	2355.48	.007	3140.64	17.48
ACCOMMODATIONS	3	4	2,656.49	664.12	.007	885.50	4.93
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	4	2,656.49	664.12	.007	885.50	4.93
ANCILLARIES	3	0	6,765.44	.00	.000	2255.15	12.55
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	56	248	8,131.60	32.79	.460	145.21	15.09
MEDICAL	27	40	1,601.37	40.03	.074	59.31	2.97
SURGERY	9	9	966.52	107.39	.017	107.39	1.79
PATHOLOGY	24	87	781.03	8.98	.161	32.54	1.45
RADIOLOGY	26	32	2,172.54	67.89	.059	83.56	4.03
ROOM USE	25	35	1,872.31	53.49	.065	74.89	3.47
CROSSOVERS/ALL OTH OUTPTNT	20	45	737.83	16.40	.083	36.89	1.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	2	\$ 72.84	\$ 36.42	.004	\$ 72.84	\$.14
HOSPITAL BASED	1	2	72.84	36.42	.004	72.84	.14

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	19	48	\$	926.20	\$	19.30	.089	\$ 48.75	\$ 1.72
PATHOLOGY	19	48		926.20		19.30	.089	48.75	1.72
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	100	155	\$	16,648.20	\$	107.41	.288	\$ 166.48	\$ 30.89
CLINIC	4	6		147.93		24.66	.011	36.98	.27
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	98	149		16,500.27		110.74	.276	168.37	30.61

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,472
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

539 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	21	427	\$ 4,361.57	\$ 10.21	.792	\$ 207.69	\$ 8.09
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	90	1,426.05	15.85	.167	203.72	2.65
AMBULANCES/AIR TRANS	7	90	1,426.05	15.85	.167	203.72	2.65
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.004	105.00	.39
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.004	16.64	.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	333	2,708.88	8.13	.618	246.26	5.03
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	1CR	\$ 12.41CR	\$ 12.41	.002CR	\$.00	\$.02CR
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,473
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 45 MIC - SOC	

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8	70	\$ 1,483.06	\$ 21.19	6.364	\$ 185.38	\$ 134.82
@PHYSICIANS SERVICES	4	17	\$ 404.45	\$ 23.79	1.545	\$ 101.11	\$ 36.77

OUTPATIENT VISITS	1	1	24.00	24.00	.091	24.00	2.18
OFFICE VISITS	1	1	24.00	24.00	.091	24.00	2.18
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRES PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	12	380.45	31.70	1.091	190.23	34.59
PRINCIPAL SURGEON	1	1	233.06	233.06	.091	233.06	21.19
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	11	147.39	13.40	1.000	147.39	13.40
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	4	.00	.00	.364	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	31	\$.00	\$.00	2.818	\$.00	\$.00
VISITS - DIAGNOSTIC	2	15	.00	.00	1.364	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	16	.00	.00	1.455	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	3	16	\$	441.87	\$	27.62	1.455	\$ 147.29
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	16		441.87	27.62	1.455	147.29	40.17
MEDICAL	1	2		27.83	13.92	.182	27.83	2.53
SURGERY	1	1		66.35	66.35	.091	66.35	6.03
PATHOLOGY	1	4		25.00	6.25	.364	25.00	2.27
RADIOLOGY	2	4		128.20	32.05	.364	64.10	11.65
ROOM USE	1	2		159.39	79.70	.182	159.39	14.49
CROSSOVERS/ALL OTH OUTPTNT	1	3		35.10	11.70	.273	35.10	3.19
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

----- MONTHLY AVERAGE -----
11 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	16	\$	441.87	\$ 27.62	1.455	\$ 147.29	\$ 40.17
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	16		441.87	27.62	1.455	147.29	40.17
MEDICAL	1	2		27.83	13.92	.182	27.83	2.53
SURGERY	1	1		66.35	66.35	.091	66.35	6.03
PATHOLOGY	1	4		25.00	6.25	.364	25.00	2.27
RADIOLOGY	2	4		128.20	32.05	.364	64.10	11.65
ROOM USE	1	2		159.39	79.70	.182	159.39	14.49
CROSSOVERS/ALL OTH OUTPTNT	1	3		35.10	11.70	.273	35.10	3.19
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	6	\$	636.74	\$ 106.12	.545	\$ 318.37	\$ 57.89
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	6		636.74	106.12	.545	318.37	57.89

#CALIF DEPT OF HEALTH SERV MOP024
 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 45 MIC - SOC

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11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024
 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL

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MODOC COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

550 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	237	1,362	\$ 61,838.34	\$ 45.40	2.476	\$ 260.92	\$ 112.43
@PHYSICIANS SERVICES	60	127	\$ 5,228.98	\$ 41.17	.231	\$ 87.15	\$ 9.51
OUTPATIENT VISITS	40	51	1,440.29	28.24	.093	36.01	2.62
OFFICE VISITS	31	39	996.07	25.54	.071	32.13	1.81
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	11	416.78	37.89	.020	46.31	.76
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	27.44	27.44	.002	27.44	.05
INPATIENT VISITS	1	3	89.30	29.77	.005	89.30	.16
HOSPITAL VISITS	1	3	89.30	29.77	.005	89.30	.16
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	651.94	325.97	.004	325.97	1.19
PRINCIPAL SURGEON	1	1	544.72	544.72	.002	544.72	.99
ASSISTANT SURGEON	1	1	107.22	107.22	.002	107.22	.19
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	10	39	2,134.54	54.73	.071	213.45	3.88
PRINCIPAL SURGEON	7	10	1,562.09	156.21	.018	223.16	2.84
ASSISTANT SURGEON	1	1	110.95	110.95	.002	110.95	.20
ANESTHESIOLOGIST	3	28	461.50	16.48	.051	153.83	.84
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	36.90	12.30	.005	12.30	.07
RADIOLOGY	9	16	476.48	29.78	.029	52.94	.87
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	8	216.46	27.06	.015	43.29	.39
OTHER SERVICES/ALL X-OVERS	5	5	183.07	36.61	.009	36.61	.33
@PHARMACY	104	217	\$ 10,229.41	\$ 47.14	.395	\$ 98.36	\$ 18.60
PRESCRIPTION DRUGS	104	217	10,229.41	47.14	.395	98.36	18.60
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	104	217	10,229.41	47.14	.395	98.36	18.60
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	17	85	\$ 5,402.00	\$ 63.55	.155	\$ 317.76	\$ 9.82
VISITS - DIAGNOSTIC	9	32	261.00	8.16	.058	29.00	.47
ORAL SURGERY	2	2	90.00	45.00	.004	45.00	.16
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	5	1,235.00	247.00	.009	617.50	2.25
RESTORATIVE DENTISTRY	6	37	2,628.00	71.03	.067	438.00	4.78
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.002	48.00	.09
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	7	1,065.00	152.14	.013	213.00	1.94
ALL OTHER SERVICES	1	1	75.00	75.00	.002	75.00	.14

MODOC COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

550 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	12	\$ 201.23	\$ 16.77	.022	\$ 28.75	\$.37
DIAGNOSTIC AND ANC. PROCED	2	2	19.76	9.88	.004	9.88	.04
EYE APPLIANCES	3	5	85.47	17.09	.009	28.49	.16
OTHER OPTOMETRIC SERVICES	5	5	96.00	19.20	.009	19.20	.17
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	15	\$ 135.77	\$ 9.05	.027	\$ 135.77	\$.25
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	61	268	\$ 17,995.40	\$ 67.15	.487	\$ 295.01	\$ 32.72
HOSP INPATIENT TOTAL	3	4	9,421.93	2355.48	.007	3140.64	17.13
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	4	9,421.93	2355.48	.007	3140.64	17.13
ACCOMMODATIONS	3	4	2,656.49	664.12	.007	885.50	4.83
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	4	2,656.49	664.12	.007	885.50	4.83
ANCILLARIES	3	0	6,765.44	.00	.000	2255.15	12.30
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	59	264	8,573.47	32.48	.480	145.31	15.59
MEDICAL	28	42	1,629.20	38.79	.076	58.19	2.96
SURGERY	10	10	1,032.87	103.29	.018	103.29	1.88
PATHOLOGY	25	91	806.03	8.86	.165	32.24	1.47
RADIOLOGY	28	36	2,300.74	63.91	.065	82.17	4.18
ROOM USE	26	37	2,031.70	54.91	.067	78.14	3.69
CROSSOVERS/ALL OTH OUTPTNT	21	48	772.93	16.10	.087	36.81	1.41
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

550 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	61	268	\$ 17,995.40	\$ 67.15	.487	\$ 295.01	\$ 32.72	
COMM HOSP INPATIENT TOTAL	3	4	9,421.93	2355.48	.007	3140.64	17.13	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	3	4	9,421.93	2355.48	.007	3140.64	17.13	
ACCOMMODATIONS	3	4	2,656.49	664.12	.007	885.50	4.83	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	3	4	2,656.49	664.12	.007	885.50	4.83	
ANCILLARIES	3	0	6,765.44	.00	.000	2255.15	12.30	
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	59	264	8,573.47	32.48	.480	145.31	15.59	
MEDICAL	28	42	1,629.20	38.79	.076	58.19	2.96	
SURGERY	10	10	1,032.87	103.29	.018	103.29	1.88	
PATHOLOGY	25	91	806.03	8.86	.165	32.24	1.47	
RADIOLOGY	28	36	2,300.74	63.91	.065	82.17	4.18	
ROOM USE	26	37	2,031.70	54.91	.067	78.14	3.69	
CROSSEOVERS/ALL OTH OUTPTNT	21	48	772.93	16.10	.087	36.81	1.41	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	1	2	\$ 72.84	\$ 36.42	.004	\$ 72.84	\$.13	
HOSPITAL BASED	1	2	72.84	36.42	.004	72.84	.13	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	19	48	\$ 926.20	\$ 19.30	.087	\$ 48.75	\$ 1.68	
PATHOLOGY	19	48	926.20	19.30	.087	48.75	1.68	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	102	161	\$ 17,284.94	\$ 107.36	.293	\$ 169.46	\$ 31.43	
CLINIC	4	6	147.93	24.66	.011	36.98	.27	
SURGICENTER	0	0	.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	100	155	17,137.01	110.56	.282	171.37	31.16	

550 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	21	427	\$ 4,361.57	\$ 10.21	.776	\$ 207.69	\$ 7.93
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	90	1,426.05	15.85	.164	203.72	2.59
AMBULANCES/AIR TRANS	7	90	1,426.05	15.85	.164	203.72	2.59
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.004	105.00	.38
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.004	16.64	.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	333	2,708.88	8.13	.605	246.26	4.93
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	1CR	\$ 12.41CR	\$ 12.41	.002CR	.00	\$.02CR

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,481
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,482
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,483
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE						
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,484
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,485
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	14	\$ 3,638.13	\$ 259.87	14.000	\$ 1819.07	\$ 3638.13
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	\$	.000	\$	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$	\$	.000	\$	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,486
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	14	\$ 3,638.13	\$ 259.87	14.000	\$ 1819.07	\$ 3638.13
HOSP INPATIENT TOTAL	1	4	3,484.00	871.00	4.000	3484.00	3484.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	4	3,484.00	871.00	4.000	3484.00	3484.00
ACCOMMODATIONS	1	4	3,483.95	870.99	4.000	3483.95	3483.95
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	3,483.95	870.99	4.000	3483.95	3483.95
ANCILLARIES	1	0	.05	.00	.000	.05	.05
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	10	154.13	15.41	10.000	77.07	154.13
MEDICAL	1	1	29.00	29.00	1.000	29.00	29.00
SURGERY	1	1	30.63	30.63	1.000	30.63	30.63
PATHOLOGY	1	5	71.34	14.27	5.000	71.34	71.34
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	3	23.16	7.72	3.000	11.58	23.16
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024 FEE-FOR-SERVICE/DENTAL							
MODOC COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT							
AID CODE							
----- MONTHLY AVERAGE -----							
01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	14	\$ 3,638.13	\$ 259.87	14.000	\$ 1819.07	\$ 3638.13
COMM HOSP INPATIENT TOTAL	1	4	3,484.00	871.00	4.000	3484.00	3484.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	4	3,484.00	871.00	4.000	3484.00	3484.00
ACCOMMODATIONS	1	4	3,483.95	870.99	4.000	3483.95	3483.95
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	3,483.95	870.99	4.000	3483.95	3483.95
ANCILLARIES	1	0	.05	.00	.000	.05	.05
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	10	154.13	15.41	10.000	77.07	154.13
MEDICAL	1	1	29.00	29.00	1.000	29.00	29.00
SURGERY	1	1	30.63	30.63	1.000	30.63	30.63
PATHOLOGY	1	5	71.34	14.27	5.000	71.34	71.34
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	3	23.16	7.72	3.000	11.58	23.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,488
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,489
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC	

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	14	\$ 3,638.13	\$ 259.87	14.000	\$ 1819.07	\$ 3638.13
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,490
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC						

					----- MONTHLY AVERAGE -----			
01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	2	14	\$	3,638.13	\$	259.87	14.000	\$ 1819.07
HOSP INPATIENT TOTAL	1	4		3,484.00		871.00	4.000	3484.00
HSC HOSPITALS	0	0		.00		.00	.000	.00
NON-HSC HOSPITAL TOTAL	1	4		3,484.00		871.00	4.000	3484.00
ACCOMMODATIONS	1	4		3,483.95		870.99	4.000	3483.95
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	1	4		3,483.95		870.99	4.000	3483.95
ANCILLARIES	1	0		.05		.00	.000	.05
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
HOSP OUTPATIENT TOTAL	2	10		154.13		15.41	10.000	77.07
MEDICAL	1	1		29.00		29.00	1.000	29.00
SURGERY	1	1		30.63		30.63	1.000	30.63
PATHOLOGY	1	5		71.34		14.27	5.000	71.34
RADIOLOGY	0	0		.00		.00	.000	.00
ROOM USE	0	0		.00		.00	.000	.00

CROSSEOVERS/ALL OTH OUTPTNT	2	3	23.16	7.72	3.000	11.58	23.16
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,491
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	14	\$ 3,638.13	\$ 259.87	14.000	\$ 1819.07	\$ 3638.13
COMM HOSP INPATIENT TOTAL	1	4	3,484.00	871.00	4.000	3484.00	3484.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	4	3,484.00	871.00	4.000	3484.00	3484.00
ACCOMMODATIONS	1	4	3,483.95	870.99	4.000	3483.95	3483.95
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	3,483.95	870.99	4.000	3483.95	3483.95
ANCILLARIES	1	0	.05	.00	.000	.05	.05
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	10	154.13	15.41	10.000	77.07	154.13
MEDICAL	1	1	29.00	29.00	1.000	29.00	29.00
SURGERY	1	1	30.63	30.63	1.000	30.63	30.63
PATHOLOGY	1	5	71.34	14.27	5.000	71.34	71.34
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	2	3	23.16	7.72	3.000	11.58	23.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024
 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

PAGE 7,492
 01/17/03

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024
 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL

PAGE 7,493
 01/17/03

MODOC COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

22 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	22	860	\$ 120,449.27	\$ 140.06	39.091	\$ 5474.97	\$ 5474.97
@PHYSICIANS SERVICES	3	5	\$ 68.43	\$ 13.69	.227	\$ 22.81	\$ 3.11
OUTPATIENT VISITS	1	1	18.10	18.10	.045	18.10	.82
OFFICE VISITS	1	1	18.10	18.10	.045	18.10	.82
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	45.79	45.79	.045	45.79	2.08
PRINCIPAL SURGEON	1	1	45.79	45.79	.045	45.79	2.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	3	4.54	1.51	.136	4.54	.21
@PHARMACY	20	111	\$ 6,588.73	\$ 59.36	5.045	\$ 329.44	\$ 299.49
PRESCRIPTION DRUGS	20	111	6,588.73	59.36	5.045	329.44	299.49
SNF/ICF	17	97	5,960.54	61.45	4.409	350.62	270.93
OUTPATIENTS	4	14	628.19	44.87	.636	157.05	28.55
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

MODOC COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

22 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 53.85	\$ 13.46	.182	\$ 53.85	\$ 2.45
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	2	31.80	15.90	.091	31.80	1.45
OTHER OPTOMETRIC SERVICES	1	2	22.05	11.03	.091	22.05	1.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

22 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE				MONTHLY AVERAGE	
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
MEDICAL	0	0	.00	.00	.000	.00	.00		
SURGERY	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	0	0	.00	.00	.000	.00	.00		
RADIOLOGY	0	0	.00	.00	.000	.00	.00		
ROOM USE	0	0	.00	.00	.000	.00	.00		
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00		
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00		
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00		
@NURSING FACILITY	20	687	\$ 109,877.31	\$ 159.94	31.227	\$ 5493.87	\$ 4994.42		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00		
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00		
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00		

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	20	687	109,877.31	159.94	31.227	5493.87	4994.42
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	16	47	\$ 3,295.02	\$ 70.11	2.136	\$ 205.94	\$ 149.77
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	16	47	3,295.02	70.11	2.136	205.94	149.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,496
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC						

		AID CODE		----- MONTHLY AVERAGE -----			
22 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	6	\$ 565.93	\$ 94.32	.273	\$ 282.97	\$ 25.72
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.091	26.08	1.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	4	539.85	134.96	.182	269.93	24.54
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 3 10 \$ 603.76 \$ 60.38 .455 \$ 201.25 \$ 27.44

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,497
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,498
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,499
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT						AID CODE
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,500
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 7,501

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

MODOC COUNTY

SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

22 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	22	860	\$ 120,449.27	\$ 140.06	39.091	\$ 5474.97	\$ 5474.97
@PHYSICIANS SERVICES	3	5	\$ 68.43	\$ 13.69	.227	\$ 22.81	\$ 3.11
OUTPATIENT VISITS	1	1	18.10	18.10	.045	18.10	.82
OFFICE VISITS	1	1	18.10	18.10	.045	18.10	.82
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	45.79	45.79	.045	45.79	2.08
PRINCIPAL SURGEON	1	1	45.79	45.79	.045	45.79	2.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	3	4.54	1.51	.136	4.54	.21
@PHARMACY	20	111	\$ 6,588.73	\$ 59.36	5.045	\$ 329.44	\$ 299.49
PRESCRIPTION DRUGS	20	111	6,588.73	59.36	5.045	329.44	299.49
SNF/ICF	17	97	5,960.54	61.45	4.409	350.62	270.93
OUTPATIENTS	4	14	628.19	44.87	.636	157.05	28.55
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,502
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

22 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4 \$	53.85	\$ 13.46	.182	\$ 53.85	\$ 2.45
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	2	31.80	15.90	.091	31.80	1.45
OTHER OPTOMETRIC SERVICES	1	2	22.05	11.03	.091	22.05	1.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,503
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

22 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	20	687	\$ 109,877.31	\$ 159.94	31.227	\$ 5493.87
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	20	687	109,877.31	159.94	31.227	5493.87
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	16	47	\$	3,295.02	\$	70.11	2.136	\$ 205.94 \$ 149.77
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	16	47		3,295.02	70.11	2.136	205.94	149.77

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

PAGE 7,504 01/17/03

22 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	6	\$ 565.93	\$ 94.32	.273	\$ 282.97	\$ 25.72
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.091	26.08	1.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	4	539.85	134.96	.182	269.93	24.54
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	10	\$ 603.76	\$ 60.38	.455	\$ 201.25	\$ 27.44

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,505 01/17/03
	FEE-FOR-SERVICE/DENTAL	
	SUMMARY OF SERVICES FOR 53 FOR FUTURE USE	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,506
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

PAGE 7,508 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

PAGE 7,509 01/17/03

MODOC COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	24	874	\$ 124,087.40	\$ 141.98	38.000	\$ 5170.31	\$ 5395.10
@PHYSICIANS SERVICES	3	5	\$ 68.43	\$ 13.69	.217	\$ 22.81	\$ 2.98
OUTPATIENT VISITS	1	1	18.10	18.10	.043	18.10	.79
OFFICE VISITS	1	1	18.10	18.10	.043	18.10	.79
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	45.79	45.79	.043	45.79	1.99
PRINCIPAL SURGEON	1	1	45.79	45.79	.043	45.79	1.99
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	3	4.54	1.51	.130	4.54	.20
@PHARMACY	20	111	\$ 6,588.73	\$ 59.36	4.826	\$ 329.44	\$ 286.47
PRESCRIPTION DRUGS	20	111	6,588.73	59.36	4.826	329.44	286.47
SNF/ICF	17	97	5,960.54	61.45	4.217	350.62	259.15
OUTPATIENTS	4	14	628.19	44.87	.609	157.05	27.31
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

MODOC COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 53.85	\$ 13.46	.174	\$ 53.85 \$ 2.34
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00 .00
EYE APPLIANCES	1	2	31.80	15.90	.087	31.80 1.38
OTHER OPTOMETRIC SERVICES	1	2	22.05	11.03	.087	22.05 .96
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00 \$.00
VISITS	0	0	.00	.00	.000	.00 .00
OTHER SERVICES	0	0	.00	.00	.000	.00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00 .00
SURGERY/ANES.	0	0	.00	.00	.000	.00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00 .00
OTHER	0	0	.00	.00	.000	.00 .00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00 \$.00
@TOTAL HOSPITAL	2	14	\$ 3,638.13	\$ 259.87	.609	\$ 1819.07 \$ 158.18
HOSP INPATIENT TOTAL	1	4	3,484.00	871.00	.174	3484.00 151.48
HSC HOSPITALS	0	0	.00	.00	.000	.00 .00
NON-HSC HOSPITAL TOTAL	1	4	3,484.00	871.00	.174	3484.00 151.48
ACCOMMODATIONS	1	4	3,483.95	870.99	.174	3483.95 151.48
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00 .00
ALL OTHER ACCOM	1	4	3,483.95	870.99	.174	3483.95 151.48
ANCILLARIES	1	0	.05	.00	.000	.05 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00 .00

HOSP OUTPATIENT TOTAL	2	10	154.13	15.41	.435	77.07	6.70
MEDICAL	1	1	29.00	29.00	.043	29.00	1.26
SURGERY	1	1	30.63	30.63	.043	30.63	1.33
PATHOLOGY	1	5	71.34	14.27	.217	71.34	3.10
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	3	23.16	7.72	.130	11.58	1.01
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,511
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS						

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	14	\$ 3,638.13	\$ 259.87	.609	\$ 1819.07	\$ 158.18
COMM HOSP INPATIENT TOTAL	1	4	3,484.00	871.00	.174	3484.00	151.48
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	4	3,484.00	871.00	.174	3484.00	151.48
ACCOMMODATIONS	1	4	3,483.95	870.99	.174	3483.95	151.48
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	3,483.95	870.99	.174	3483.95	151.48
ANCILLARIES	1	0	.05	.00	.000	.05	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	10	154.13	15.41	.435	77.07	6.70
MEDICAL	1	1	29.00	29.00	.043	29.00	1.26
SURGERY	1	1	30.63	30.63	.043	30.63	1.33
PATHOLOGY	1	5	71.34	14.27	.217	71.34	3.10
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	3	23.16	7.72	.130	11.58	1.01
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	20	687	\$ 109,877.31	\$ 159.94	29.870	\$ 5493.87	\$ 4777.27
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	20	687	109,877.31	159.94	29.870	5493.87	4777.27
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	16	47	\$ 3,295.02	\$ 70.11	2.043	\$ 205.94	\$ 143.26
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	16	47	3,295.02	70.11	2.043	205.94	143.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,512
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS						

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	6	\$ 565.93	\$ 94.32	.261	\$ 282.97	\$ 24.61
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.087	26.08	1.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	4	539.85	134.96	.174	269.93	23.47
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 3 10 \$ 603.76 \$ 60.38 .435 \$ 201.25 \$ 26.25

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,513
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MODOC COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	2,074 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		1,888	35,532	\$ 4,207,414.13	\$ 118.41	17.132	\$ 2228.50	\$ 2028.65
@PHYSICIANS SERVICES		192	678	\$ 8,183.29	\$ 12.07	.327	\$ 42.62	\$ 3.95
OUTPATIENT VISITS		2	2	118.56	59.28	.001	59.28	.06
OFFICE VISITS		1	1	37.50	37.50	.000	37.50	.02
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		1	1	81.06	81.06	.000	81.06	.04
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT		0	0	.00	.00	.000	.00	.00
INPATIENT VISITS		0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS		0	0	.00	.00	.000	.00	.00
CRITICAL CARE		0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE		0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES		0	0	.00	.00	.000	.00	.00
EXAMINATIONS		0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON		0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY		0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON		0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		0	0	.00	.00	.000	.00	.00
DIALYSIS		0	0	.00	.00	.000	.00	.00
PATHOLOGY		0	0	.00	.00	.000	.00	.00
RADIOLOGY		0	0	.00	.00	.000	.00	.00
PSYCHIATRY		0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION		0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS		192	676	8,064.73	11.93	.326	42.00	3.89
@PHARMACY		1,538	8,577	\$ 386,298.42	\$ 45.04	4.135	\$ 251.17	\$ 186.26
PRESCRIPTION DRUGS		1,532	7,031	378,048.29	53.77	3.390	246.77	182.28
SNF/ICF		610	3,126	166,680.32	53.32	1.507	273.25	80.37
OUTPATIENTS		983	3,905	211,367.97	54.13	1.883	215.02	101.91
MEDICAL SUPPLIES		53	1,546	8,250.13	5.34	.745	155.66	3.98
@DENTIST		8	19	\$ 995.00	\$ 52.37	.009	\$ 124.38	\$.48
VISITS - DIAGNOSTIC		4	6	45.00	7.50	.003	11.25	.02
ORAL SURGERY		1	1	.00	.00	.000	.00	.00
DRUGS		0	0	.00	.00	.000	.00	.00
ANESTHESIA		0	0	.00	.00	.000	.00	.00
PERIODONTICS		0	0	.00	.00	.000	.00	.00
ENDODONTICS		0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY		3	8	.00	.00	.004	.00	.00
PROSTHETICS		0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES		2	3	950.00	316.67	.001	475.00	.46
SPACE MAINTAINERS		0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,514
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	2,074 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	71		148	\$ 2,706.86	\$ 18.29	.071	\$ 38.12	\$ 1.31
DIAGNOSTIC AND ANC. PROCED	5		5	237.25	47.45	.002	47.45	.11
EYE APPLIANCES	38		93	1,549.45	16.66	.045	40.78	.75
OTHER OPTOMETRIC SERVICES	33		50	920.16	18.40	.024	27.88	.44
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	4		4	\$ 113.79	\$ 28.45	.002	\$ 28.45	\$.05
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	4		4	113.79	28.45	.002	28.45	.05
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	260		1,147	\$ 46,728.86	\$ 40.74	.553	\$ 179.73	\$ 22.53
HOSP INPATIENT TOTAL	29		138	21,152.97	153.28	.067	729.41	10.20
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	29		138	21,152.97	153.28	.067	729.41	10.20
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	239		1,009	25,575.89	25.35	.486	107.01	12.33
MEDICAL	0		0	59.10	.00	.000	.00	.03
SURGERY	1		1	23.89	23.89	.000	23.89	.01
PATHOLOGY	1		1	54.51	54.51	.000	54.51	.03
RADIOLOGY	3		3	1,239.31	413.10	.001	413.10	.60
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	235		1,004	24,199.08	24.10	.484	102.97	11.67
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,515
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	2,074 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	260		1,147 \$	46,728.86	\$ 40.74	.553	\$ 179.73	\$ 22.53
COMM HOSP INPATIENT TOTAL	29		138	21,152.97	153.28	.067	729.41	10.20
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	29		138	21,152.97	153.28	.067	729.41	10.20
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	239		1,009	25,575.89	25.35	.486	107.01	12.33
MEDICAL	0		0	59.10	.00	.000	.00	.03
SURGERY	1		1	23.89	23.89	.000	23.89	.01
PATHOLOGY	1		1	54.51	54.51	.000	54.51	.03
RADIOLOGY	3		3	1,239.31	413.10	.001	413.10	.60
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	235		1,004	24,199.08	24.10	.484	102.97	11.67
@STATE HOSPITAL	0		0 \$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	739	22,248	\$	3,673,287.08	\$ 165.11	10.727	\$ 4970.62	\$ 1771.11
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	739	22,248		3,673,287.08	165.11	10.727	4970.62	1771.11
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	11	\$	5,813.17	\$ 528.47	.005	\$ 645.91	\$ 2.80
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	11		5,813.17	528.47	.005	645.91	2.80
@REHABILITATION FACILITY	1	1	\$	29.89	\$ 29.89	.000	\$ 29.89	\$.01
HOSPITAL BASED	1	1		29.89	29.89	.000	29.89	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	27	\$	389.42	\$ 14.42	.013	\$ 43.27	\$.19
PATHOLOGY	4	20		346.69	17.33	.010	86.67	.17
XO AND OTHERS	5	7		42.73	6.10	.003	8.55	.02
@ORGANIZED OUTPATIENT CLINIC	691	1,274	\$	57,939.66	\$ 45.48	.614	\$ 83.85	\$ 27.94
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	691	1,274		57,939.66	45.48	.614	83.85	27.94

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,516
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	2,074 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	225	1,398	\$	24,928.69	\$ 17.83	.674	\$ 110.79	\$ 12.02
DURABLE MED. EQUIP.	10	30		8,463.91	282.13	.014	846.39	4.08
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	9		2,073.21	230.36	.004	518.30	1.00
MEDICAL TRANSPORTATION	4	86		1,278.62	14.87	.041	319.66	.62
AMBULANCES/AIR TRANS	1	6		135.95	22.66	.003	135.95	.07
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	3	80		1,142.67	14.28	.039	380.89	.55
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	38	86		1,116.31	12.98	.041	29.38	.54
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	22		1,996.63	90.76	.011	181.51	.96
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	161	1,165	10,000.01	8.58	.562	62.11	4.82
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	610	2,301	\$ 94,386.41	\$ 41.02	1.109	\$ 154.73	\$ 45.51

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 7,517

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	48	721	\$ 74,495.17	\$ 103.32	17.585	\$ 1551.98	\$ 1816.96
@PHYSICIANS SERVICES	4	15	\$ 94.20	\$ 6.28	.366	\$ 23.55	\$ 2.30
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	15	94.20	6.28	.366	23.55	2.30
@PHARMACY	40	248	\$ 12,356.57	\$ 49.82	6.049	\$ 308.91	\$ 301.38
PRESCRIPTION DRUGS	38	183	11,617.84	63.49	4.463	305.73	283.36
SNF/ICF	12	49	4,521.35	92.27	1.195	376.78	110.28
OUTPATIENTS	26	134	7,096.49	52.96	3.268	272.94	173.09
MEDICAL SUPPLIES	2	65	738.73	11.37	1.585	369.37	18.02
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,518
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9	10	\$ 420.31	\$ 42.03	.244	\$ 46.70	\$ 10.25
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	10	420.31	42.03	.244	46.70	10.25
MEDICAL	1	1	12.79	12.79	.024	12.79	.31
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	8	9	407.52	45.28	.220	50.94	9.94
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,519
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	10	\$ 420.31	\$ 42.03	.244 \$ 46.70 \$ 10.25
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	9	10	420.31	42.03	.244 46.70 10.25
MEDICAL	1	1	12.79	12.79	.024 12.79 .31
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	0	0	.00	.00	.000 .00 .00
RADIOLOGY	0	0	.00	.00	.000 .00 .00
ROOM USE	0	0	.00	.00	.000 .00 .00
CROSSOVERS/ALL OTH OUTPTNT	8	9	407.52	45.28	.220 50.94 9.94
@STATE HOSPITAL	0	0	.00	.00	.000 .00 .00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	12	364	\$ 58,019.08	\$ 159.39	8.878 \$ 4834.92 \$ 1415.10
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	12	364	58,019.08	159.39	8.878 4834.92 1415.10
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000 .00 .00
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000 .00 .00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	0	0	.00	.00	.000 .00 .00
@REHABILITATION FACILITY	0	0	.00	.00	.000 .00 .00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	22.59	\$	22.59	.024	\$ 22.59	\$.55
PATHOLOGY	1	1		22.59		22.59	.024	22.59	.55
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	23	49	\$	2,748.68	\$	56.10	1.195	\$ 119.51	\$ 67.04
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	23	49		2,748.68		56.10	1.195	119.51	67.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,520
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	34	\$ 833.74	\$ 24.52	.829	\$ 83.37	\$ 20.34
DURABLE MED. EQUIP.	1	1	168.28	168.28	.024	168.28	4.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	33	665.46	20.17	.805	66.55	16.23
@CALIF. CHILDREN SERVICES*	2	65	\$ 738.73	\$ 11.37	1.585	\$ 369.37	\$ 18.02
@XOVER EXCLUDING STATE HOSP**	19	59	\$ 1,520.89	\$ 25.78	1.439	\$ 80.05	\$ 37.09

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

PAGE 7,521
01/17/03

	4,174 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,635	57,391	\$	3,238,708.96	\$ 56.43	13.750	\$ 890.98	\$ 775.92
@PHYSICIANS SERVICES	760	2,471	\$	133,984.70	\$ 54.22	.592	\$ 176.30	\$ 32.10
OUTPATIENT VISITS	368	515		18,386.75	35.70	.123	49.96	4.41
OFFICE VISITS	314	436		14,123.68	32.39	.104	44.98	3.38
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	44	48		2,899.90	60.41	.011	65.91	.69
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	8		549.67	68.71	.002	91.61	.13
OTHER OUTPATIENT	22	23		813.50	35.37	.006	36.98	.19
INPATIENT VISITS	63	255		12,210.05	47.88	.061	193.81	2.93
HOSPITAL VISITS	42	194		8,990.41	46.34	.046	214.06	2.15
CRITICAL CARE	7	20		2,369.30	118.47	.005	338.47	.57
SNF/ICF/TRANS IP CARE	21	41		850.34	20.74	.010	40.49	.20
OPHTHALMOLOGICAL SERVICES	10	10		437.50	43.75	.002	43.75	.10
EXAMINATIONS	10	10		437.50	43.75	.002	43.75	.10
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	40	309		42,142.48	136.38	.074	1053.56	10.10
PRINCIPAL SURGEON	34	57		34,646.44	607.83	.014	1019.01	8.30
ASSISTANT SURGEON	8	8		2,275.49	284.44	.002	284.44	.55
ANESTHESIOLOGIST	13	244		5,220.55	21.40	.058	401.58	1.25
OUTPATIENT SURGERY	72	130		15,896.48	122.28	.031	220.78	3.81
PRINCIPAL SURGEON	66	85		14,250.43	167.65	.020	215.92	3.41
ASSISTANT SURGEON	3	3		372.74	124.25	.001	124.25	.09
ANESTHESIOLOGIST	8	42		1,273.31	30.32	.010	159.16	.31
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	77	103		1,484.51	14.41	.025	19.28	.36
RADIOLOGY	138	281		12,013.59	42.75	.067	87.06	2.88
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	28	50		2,045.13	40.90	.012	73.04	.49
OTHER SERVICES/ALL X-OVERS	281	818		29,368.21	35.90	.196	104.51	7.04
@PHARMACY	3,066	20,055	\$	1,149,287.78	\$ 57.31	4.805	\$ 374.85	\$ 275.34
PRESCRIPTION DRUGS	3,026	14,776		1,120,046.32	75.80	3.540	370.14	268.34
SNF/ICF	119	726		51,749.31	71.28	.174	434.87	12.40
OUTPATIENTS	2,917	14,050		1,068,297.01	76.04	3.366	366.23	255.94

MEDICAL SUPPLIES	217	5,279		29,241.46	5.54	1.265	134.75	7.01
@DENTIST	47	196	\$	15,289.00	\$ 78.01	.047	\$ 325.30	\$ 3.66
VISITS - DIAGNOSTIC	20	65		960.00	14.77	.016	48.00	.23
ORAL SURGERY	7	25		1,051.00	42.04	.006	150.14	.25
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	2	2		200.00	100.00	.000	100.00	.05
PERIODONTICS	2	3		400.00	133.33	.001	200.00	.10
ENDODONTICS	5	5		1,151.00	230.20	.001	230.20	.28
RESTORATIVE DENTISTRY	17	56		7,485.00	133.66	.013	440.29	1.79
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	12	34		3,992.00	117.41	.008	332.67	.96
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	6		50.00	8.33	.001	25.00	.01
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,522	
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03	
MODOC COUNTY	SUMMARY OF SERVICES FOR 57 ALL DISABLED							

	4,174 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	211		509	\$ 10,450.76	\$ 20.53	.122	\$ 49.53	\$ 2.50
DIAGNOSTIC AND ANC. PROCED	91		119	3,786.20	31.82	.029	41.61	.91
EYE APPLIANCES	111		284	4,556.42	16.04	.068	41.05	1.09
OTHER OPTOMETRIC SERVICES	80		106	2,108.14	19.89	.025	26.35	.51
@CHIROPRACTOR	6		10	\$ 161.01	\$ 16.10	.002	\$ 26.84	\$.04
VISITS	5		8	127.57	15.95	.002	25.51	.03
OTHER SERVICES	1		2	33.44	16.72	.000	33.44	.01
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	0		0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1		58	\$ 4,341.88	\$ 74.86	.014	\$ 4341.88	\$ 1.04
NURSE ANESTHESIST	1		13	\$ 26.37	\$ 2.03	.003	\$ 26.37	\$.01
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	994		5,128	\$ 856,060.26	\$ 166.94	1.229	\$ 861.23	\$ 205.09
HOSP INPATIENT TOTAL	71		321	720,707.43	2245.19	.077	10150.81	172.67
HSC HOSPITALS	3		16	17,808.00	1113.00	.004	5936.00	4.27
NON-HSC HOSPITAL TOTAL	46		243	688,195.24	2832.08	.058	14960.77	164.88
ACCOMMODATIONS	44		243	152,959.53	629.46	.058	3476.35	36.65
ADMINISTRATIVE DAYS	1		2	450.99	225.50	.000	450.99	.11
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	44		241	152,508.54	632.82	.058	3466.10	36.54
ANCILLARIES	46		0	535,235.71	.00	.000	11635.56	128.23
INPATIENT CROSSOVERS	22		62	14,704.19	237.16	.015	668.37	3.52
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	957		4,807	135,352.83	28.16	1.152	141.43	32.43
MEDICAL	274		553	18,181.17	32.88	.132	66.35	4.36
SURGERY	63		74	7,198.05	97.27	.018	114.25	1.72
PATHOLOGY	372		1,492	15,414.15	10.33	.357	41.44	3.69
RADIOLOGY	256		371	33,813.14	91.14	.089	132.08	8.10
ROOM USE	259		413	18,523.26	44.85	.099	71.52	4.44

CROSSEOVERS/ALL OTH OUTPTNT	509	1,904		42,223.06		22.18	.456	82.95	10.12
@COUNTY HOSPITAL TOTAL	2	18	\$	204.41	\$	11.36	.004	\$ 102.21	\$.05
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	18		204.41		11.36	.004	102.21	.05
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	2	16		130.78		8.17	.004	65.39	.03
RADIOLOGY	1	1		39.20		39.20	.000	39.20	.01
ROOM USE	1	1		34.43		34.43	.000	34.43	.01
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

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MODOC COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

	4,174 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	992		5,110	\$ 855,855.85	\$ 167.49	1.224	\$ 862.76	\$ 205.04
COMM HOSP INPATIENT TOTAL	71		321	720,707.43	2245.19	.077	10150.81	172.67
HSC HOSPITALS	3		16	17,808.00	1113.00	.004	5936.00	4.27
NON-HSC HOSPITALS TOTAL	46		243	688,195.24	2832.08	.058	14960.77	164.88
ACCOMMODATIONS	44		243	152,959.53	629.46	.058	3476.35	36.65
ADMINISTRATIVE DAYS	1		2	450.99	225.50	.000	450.99	.11
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	44		241	152,508.54	632.82	.058	3466.10	36.54
ANCILLARIES	46		0	535,235.71	.00	.000	11635.56	128.23
INPATIENT CROSSEOVERS	22		62	14,704.19	237.16	.015	668.37	3.52
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	955		4,789	135,148.42	28.22	1.147	141.52	32.38
MEDICAL	274		553	18,181.17	32.88	.132	66.35	4.36
SURGERY	63		74	7,198.05	97.27	.018	114.25	1.72
PATHOLOGY	370		1,476	15,283.37	10.35	.354	41.31	3.66
RADIOLOGY	255		370	33,773.94	91.28	.089	132.45	8.09
ROOM USE	258		412	18,488.83	44.88	.099	71.66	4.43
CROSSEOVERS/ALL OTH OUTPTNT	509		1,904	42,223.06	22.18	.456	82.95	10.12
@STATE HOSPITAL	7		549	\$ 294,264.00	\$ 536.00	.132	\$ 42037.71	\$ 70.50
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	7		549	294,264.00	536.00	.132	42037.71	70.50
@NURSING FACILITY	81		2,213	\$ 365,351.82	\$ 165.09	.530	\$ 4510.52	\$ 87.53
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	12		364	44,008.82	120.90	.087	3667.40	10.54
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	69		1,849	321,343.00	173.79	.443	4657.14	76.99
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	14	\$ 4,801.68	\$ 342.98	.003	\$ 533.52	\$ 1.15
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	14	4,801.68	342.98	.003	533.52	1.15
@REHABILITATION FACILITY	6	50	\$ 982.42	\$ 19.65	.012	\$ 163.74	\$.24
HOSPITAL BASED	6	50	982.42	19.65	.012	163.74	.24
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	342	1,385	\$ 15,285.06	\$ 11.04	.332	\$ 44.69	\$ 3.66
PATHOLOGY	332	1,359	14,384.75	10.58	.326	43.33	3.45
XO AND OTHERS	10	26	900.31	34.63	.006	90.03	.22
@ORGANIZED OUTPATIENT CLINIC	1,542	2,872	\$ 286,743.62	\$ 99.84	.688	\$ 185.96	\$ 68.70
CLINIC	4	9	180.04	20.00	.002	45.01	.04
SURGICENTER	3	9	1,057.37	117.49	.002	352.46	.25
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,539	2,854	285,506.21	100.04	.684	185.51	68.40

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 57 ALL DISABLED

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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,174 ELIGIBLES							
@ALL OTHER PROVIDERS	531	21,868	\$ 101,678.60	\$ 4.65	5.239	\$ 191.49	\$ 24.36
DURABLE MED. EQUIP.	83	254	32,103.19	126.39	.061	386.79	7.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	6	320.14	53.36	.001	80.04	.08
MEDICAL TRANSPORTATION	55	1,326	26,417.78	19.92	.318	480.32	6.33
AMBULANCES/AIR TRANS	45	1,001	17,829.94	17.81	.240	396.22	4.27
OTHER TRANS	3	178	355.22	2.00	.043	118.41	.09
OTHER SERVICES	11	147	8,232.62	56.00	.035	748.42	1.97
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	265.00	88.33	.001	88.33	.06
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	100	231	2,764.79	11.97	.055	27.65	.66
PHYSICAL THERAPIST	6	59	657.46	11.14	.014	109.58	.16
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	12	28	5,605.96	200.21	.007	467.16	1.34
PROSTHETICS	9	23	5,349.68	232.59	.006	594.41	1.28
ORTHOTICS	3	5	256.28	51.26	.001	85.43	.06
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	17	451.74	26.57	.004	90.35	.11
HOSPICE SERVICES	0	0	38.36	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	58	1,594	11,402.01	7.15	.382	196.59	2.73
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	231	18,350	21,652.17	1.18	4.396	93.73	5.19
@CALIF. CHILDREN SERVICES*	58	514	\$ 30,422.49	\$ 59.19	.123	\$ 524.53	\$ 7.29
@XOVER EXCLUDING STATE HOSP**	603	9,162	\$ 65,660.04	\$ 7.17	2.195	\$ 108.89	\$ 15.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MODOC COUNTY

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

15,688 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,429	38,821	\$ 2,227,056.20	\$ 57.37	2.475	\$ 299.78	\$ 141.96
@PHYSICIANS SERVICES	1,514	4,199	\$ 188,740.52	\$ 44.95	.268	\$ 124.66	\$ 12.03
OUTPATIENT VISITS	1,091	1,522	52,118.83	34.24	.097	47.77	3.32
OFFICE VISITS	863	1,150	32,630.94	28.37	.073	37.81	2.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	174	184	7,718.85	41.95	.012	44.36	.49
PREVENTIVE CARE	1	2	54.74	27.37	.000	54.74	.00
OB VISITS/COMPRE PERI	113	158	10,745.94	68.01	.010	95.10	.68
OTHER OUTPATIENT	24	28	968.36	34.58	.002	40.35	.06
INPATIENT VISITS	66	289	24,758.57	85.67	.018	375.13	1.58
HOSPITAL VISITS	52	121	6,308.12	52.13	.008	121.31	.40
CRITICAL CARE	15	168	18,450.45	109.82	.011	1230.03	1.18
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	11	12	379.37	31.61	.001	34.49	.02
EXAMINATIONS	11	12	379.37	31.61	.001	34.49	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	65	437	27,409.30	62.72	.028	421.68	1.75
PRINCIPAL SURGEON	48	55	23,039.79	418.91	.004	480.00	1.47
ASSISTANT SURGEON	4	4	776.18	194.05	.000	194.05	.05
ANESTHESIOLOGIST	21	378	3,593.33	9.51	.024	171.11	.23
OUTPATIENT SURGERY	169	705	38,907.28	55.19	.045	230.22	2.48
PRINCIPAL SURGEON	143	172	33,850.92	196.81	.011	236.72	2.16
ASSISTANT SURGEON	3	3	437.26	145.75	.000	145.75	.03
ANESTHESIOLOGIST	31	530	4,619.10	8.72	.034	149.00	.29
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	233	348	2,775.86	7.98	.022	11.91	.18
RADIOLOGY	248	378	19,169.47	50.71	.024	77.30	1.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	51	110		1,915.92	17.42	.007	37.57	.12
OTHER SERVICES/ALL X-OVERS	145	398		21,305.92	53.53	.025	146.94	1.36
@PHARMACY	3,489	8,016	\$	438,635.57	\$ 54.72	.511	\$ 125.72	\$ 27.96
PRESCRIPTION DRUGS	3,481	7,841		436,989.70	55.73	.500	125.54	27.86
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	3,481	7,841		436,989.70	55.73	.500	125.54	27.86
MEDICAL SUPPLIES	32	175		1,645.87	9.40	.011	51.43	.10
@DENTIST	154	902	\$	39,714.85	\$ 44.03	.057	\$ 257.89	\$ 2.53
VISITS - DIAGNOSTIC	105	465		5,533.75	11.90	.030	52.70	.35
ORAL SURGERY	35	121		11,655.00	96.32	.008	333.00	.74
DRUGS	11	19		348.75	18.36	.001	31.70	.02
ANESTHESIA	18	18		1,900.00	105.56	.001	105.56	.12
PERIODONTICS	1	1		200.00	200.00	.000	200.00	.01
ENDODONTICS	12	50		3,811.00	76.22	.003	317.58	.24
RESTORATIVE DENTISTRY	38	172		11,614.35	67.53	.011	305.64	.74
PROSTHETICS	2	2		30.00	15.00	.000	15.00	.00
DENTURES, STAYPLATES	3	11		1,188.00	108.00	.001	396.00	.08
SPACE MAINTAINERS	5	10		1,199.00	119.90	.001	239.80	.08
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	21	29		2,235.00	77.07	.002	106.43	.14
ALL OTHER SERVICES	4	4		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
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MODOC COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES							

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15,688 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	400	871	\$ 19,608.99	\$ 22.51	.056	\$ 49.02	\$ 1.25
DIAGNOSTIC AND ANC. PROCED	237	252	10,154.00	40.29	.016	42.84	.65
EYE APPLIANCES	218	532	7,946.46	14.94	.034	36.45	.51
OTHER OPTOMETRIC SERVICES	77	87	1,508.53	17.34	.006	19.59	.10
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.000	\$ 25.08	\$.00
VISITS	2	3	50.16	16.72	.000	25.08	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	2	12	\$ 476.63	\$ 39.72	.001	\$ 238.32	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	3	\$ 112.80	\$ 37.60	.000	\$ 56.40	\$.01
@TOTAL HOSPITAL	1,766	7,999	\$ 658,514.60	\$ 82.32	.510	\$ 372.88	\$ 41.98
HOSP INPATIENT TOTAL	99	382	421,894.72	1104.44	.024	4261.56	26.89
HSC HOSPITALS	7	25	35,438.00	1417.52	.002	5062.57	2.26
NON-HSC HOSPITAL TOTAL	92	357	386,456.08	1082.51	.023	4200.61	24.63
ACCOMMODATIONS	90	357	206,696.17	578.98	.023	2296.62	13.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	90	357	206,696.17	578.98	.023	2296.62	13.18
ANCILLARIES	92	0	179,759.91	.00	.000	1953.91	11.46
INPATIENT CROSSOVERS	1	0	.64	.00	.000	.64	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	1,711	7,617	236,619.88	31.06	.486	138.29	15.08
MEDICAL	748	1,082	35,063.57	32.41	.069	46.88	2.24
SURGERY	144	146	14,192.68	97.21	.009	98.56	.90
PATHOLOGY	719	2,205	21,601.25	9.80	.141	30.04	1.38
RADIOLOGY	613	881	64,082.19	72.74	.056	104.54	4.08
ROOM USE	726	946	41,481.21	43.85	.060	57.14	2.64
CROSSOVERS/ALL OTH OUTPTNT	675	2,357	60,198.98	25.54	.150	89.18	3.84
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
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					----- MONTHLY AVERAGE -----			
15,688 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,766	7,999	\$ 658,514.60	\$ 82.32	.510	\$ 372.88	\$ 41.98	
COMM HOSP INPATIENT TOTAL	99	382	421,894.72	1104.44	.024	4261.56	26.89	
HSC HOSPITALS	7	25	35,438.00	1417.52	.002	5062.57	2.26	
NON-HSC HOSPITALS TOTAL	92	357	386,456.08	1082.51	.023	4200.61	24.63	
ACCOMMODATIONS	90	357	206,696.17	578.98	.023	2296.62	13.18	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	90	357	206,696.17	578.98	.023	2296.62	13.18	
ANCILLARIES	92	0	179,759.91	.00	.000	1953.91	11.46	
INPATIENT CROSSOVERS	1	0	.64	.00	.000	.64	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,711	7,617	236,619.88	31.06	.486	138.29	15.08	
MEDICAL	748	1,082	35,063.57	32.41	.069	46.88	2.24	
SURGERY	144	146	14,192.68	97.21	.009	98.56	.90	
PATHOLOGY	719	2,205	21,601.25	9.80	.141	30.04	1.38	
RADIOLOGY	613	881	64,082.19	72.74	.056	104.54	4.08	
ROOM USE	726	946	41,481.21	43.85	.060	57.14	2.64	
CROSSOVERS/ALL OTH OUTPTNT	675	2,357	60,198.98	25.54	.150	89.18	3.84	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	5	7	\$	266.51	\$ 38.07	.000	\$ 53.30	\$.02
HOSPITAL BASED	5	7		266.51	38.07	.000	53.30	.02
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	632	1,441	\$	25,375.10	\$ 17.61	.092	\$ 40.15	\$ 1.62
PATHOLOGY	632	1,441		25,375.10	17.61	.092	40.15	1.62
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3,756	6,184	\$	763,415.01	\$ 123.45	.394	\$ 203.25	\$ 48.66
CLINIC	11	32		1,070.76	33.46	.002	97.34	.07
SURGICENTER	3	12		469.65	39.14	.001	156.55	.03
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,746	6,140		761,874.60	124.08	.391	203.38	48.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,528	
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03	
MODOC COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES							

	15,688 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	629	9,184	\$	92,145.46	\$ 10.03	.585	\$ 146.50	\$ 5.87
DURABLE MED. EQUIP.	39	112		4,554.13	40.66	.007	116.77	.29
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	6		264.27	44.05	.000	88.09	.02
MEDICAL TRANSPORTATION	65	2,233		40,899.24	18.32	.142	629.22	2.61
AMBULANCES/AIR TRANS	63	2,226		31,524.24	14.16	.142	500.38	2.01
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	7	7		9,375.00	1339.29	.000	1339.29	.60
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	17	17		1,621.00	95.35	.001	95.35	.10
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	162	327		2,973.23	9.09	.021	18.35	.19
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	5		233.49	46.70	.000	58.37	.01
PROSTHETICS	3	4		216.91	54.23	.000	72.30	.01
ORTHOTICS	1	1		16.58	16.58	.000	16.58	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	17		1,844.70	108.51	.001	307.45	.12
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	313	5,478		36,869.56	6.73	.349	117.79	2.35
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	32	989		2,885.84	2.92	.063	90.18	.18
@CALIF. CHILDREN SERVICES*	33	138	\$	39,094.77	\$ 283.30	.009	\$ 1184.69	\$ 2.49

@XOVER EXCLUDING STATE HOSP** 18 65 \$ 3,765.77 \$ 57.93 .004 \$ 209.21 \$.24

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,529
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

573 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	261	2,236	\$ 185,925.74	\$ 83.15	3.902	\$ 712.36	\$ 324.48
@PHYSICIANS SERVICES	63	132	\$ 5,297.41	\$ 40.13	.230	\$ 84.09	\$ 9.25
OUTPATIENT VISITS	41	52	1,458.39	28.05	.091	35.57	2.55
OFFICE VISITS	32	40	1,014.17	25.35	.070	31.69	1.77
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	11	416.78	37.89	.019	46.31	.73
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	27.44	27.44	.002	27.44	.05
INPATIENT VISITS	1	3	89.30	29.77	.005	89.30	.16
HOSPITAL VISITS	1	3	89.30	29.77	.005	89.30	.16
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	651.94	325.97	.003	325.97	1.14
PRINCIPAL SURGEON	1	1	544.72	544.72	.002	544.72	.95
ASSISTANT SURGEON	1	1	107.22	107.22	.002	107.22	.19
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	11	40	2,180.33	54.51	.070	198.21	3.81
PRINCIPAL SURGEON	8	11	1,607.88	146.17	.019	200.99	2.81
ASSISTANT SURGEON	1	1	110.95	110.95	.002	110.95	.19
ANESTHESIOLOGIST	3	28	461.50	16.48	.049	153.83	.81
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	36.90	12.30	.005	12.30	.06
RADIOLOGY	9	16	476.48	29.78	.028	52.94	.83
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	8	216.46	27.06	.014	43.29	.38
OTHER SERVICES/ALL X-OVERS	6	8	187.61	23.45	.014	31.27	.33
@PHARMACY	124	328	\$ 16,818.14	\$ 51.27	.572	\$ 135.63	\$ 29.35
PRESCRIPTION DRUGS	124	328	16,818.14	51.27	.572	135.63	29.35
SNF/ICF	17	97	5,960.54	61.45	.169	350.62	10.40
OUTPATIENTS	108	231	10,857.60	47.00	.403	100.53	18.95
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	17	85	\$ 5,402.00	\$ 63.55	.148	\$ 317.76	\$ 9.43
VISITS - DIAGNOSTIC	9	32	261.00	8.16	.056	29.00	.46
ORAL SURGERY	2	2	90.00	45.00	.003	45.00	.16
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	5	1,235.00	247.00	.009	617.50	2.16
RESTORATIVE DENTISTRY	6	37	2,628.00	71.03	.065	438.00	4.59
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.002	48.00	.08
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	7	1,065.00	152.14	.012	213.00	1.86
ALL OTHER SERVICES	1	1	75.00	75.00	.002	75.00	.13

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,530
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

573 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	16 \$	255.08	\$ 15.94	.028	\$ 31.89	\$.45
DIAGNOSTIC AND ANC. PROCED	2	2	19.76	9.88	.003	9.88	.03
EYE APPLIANCES	4	7	117.27	16.75	.012	29.32	.20
OTHER OPTOMETRIC SERVICES	6	7	118.05	16.86	.012	19.68	.21
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	15 \$	135.77	\$ 9.05	.026	\$ 135.77	\$.24
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	63	282 \$	21,633.53	\$ 76.71	.492	\$ 343.39	\$ 37.75
HOSP INPATIENT TOTAL	4	8	12,905.93	1613.24	.014	3226.48	22.52
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	4	8	12,905.93	1613.24	.014	3226.48	22.52
ACCOMMODATIONS	4	8	6,140.44	767.56	.014	1535.11	10.72

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	8	6,140.44	767.56	.014	1535.11	10.72
ANCILLARIES	4	0	6,765.49	.00	.000	1691.37	11.81
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	61	274	8,727.60	31.85	.478	143.08	15.23
MEDICAL	29	43	1,658.20	38.56	.075	57.18	2.89
SURGERY	11	11	1,063.50	96.68	.019	96.68	1.86
PATHOLOGY	26	96	877.37	9.14	.168	33.75	1.53
RADIOLOGY	28	36	2,300.74	63.91	.063	82.17	4.02
ROOM USE	26	37	2,031.70	54.91	.065	78.14	3.55
CROSSOVERS/ALL OTH OUTPTNT	23	51	796.09	15.61	.089	34.61	1.39
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,531
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

573 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	63	282	\$ 21,633.53	\$ 76.71	.492	\$ 343.39	\$ 37.75
COMM HOSP INPATIENT TOTAL	4	8	12,905.93	1613.24	.014	3226.48	22.52
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4	8	12,905.93	1613.24	.014	3226.48	22.52
ACCOMMODATIONS	4	8	6,140.44	767.56	.014	1535.11	10.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	8	6,140.44	767.56	.014	1535.11	10.72
ANCILLARIES	4	0	6,765.49	.00	.000	1691.37	11.81
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	61	274	8,727.60	31.85	.478	143.08	15.23
MEDICAL	29	43	1,658.20	38.56	.075	57.18	2.89
SURGERY	11	11	1,063.50	96.68	.019	96.68	1.86
PATHOLOGY	26	96	877.37	9.14	.168	33.75	1.53
RADIOLOGY	28	36	2,300.74	63.91	.063	82.17	4.02
ROOM USE	26	37	2,031.70	54.91	.065	78.14	3.55
CROSSOVERS/ALL OTH OUTPTNT	23	51	796.09	15.61	.089	34.61	1.39
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	20	687	\$ 109,877.31	\$ 159.94	1.199	\$ 5493.87	\$ 191.76
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	20	687	109,877.31	159.94	1.199	5493.87	191.76
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	2	\$ 72.84	\$ 36.42	.003	\$ 72.84	\$.13
HOSPITAL BASED	1	2	72.84	36.42	.003	72.84	.13
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	19	48	\$ 926.20	\$ 19.30	.084	\$ 48.75	\$ 1.62
PATHOLOGY	19	48	926.20	19.30	.084	48.75	1.62
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	118	208	\$ 20,579.96	\$ 98.94	.363	\$ 174.41	\$ 35.92
CLINIC	4	6	147.93	24.66	.010	36.98	.26
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	116	202	20,432.03	101.15	.353	176.14	35.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,532
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT						

573 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	23	433	\$ 4,927.50	\$ 11.38	.756	\$ 214.24	\$ 8.60
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	90	1,426.05	15.85	.157	203.72	2.49
AMBULANCES/AIR TRANS	7	90	1,426.05	15.85	.157	203.72	2.49
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.003	105.00	.37
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	42.72	10.68	.007	21.36	.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	11	333	2,708.88	8.13	.581	246.26	4.73
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	4	539.85	134.96	.007	269.93	.94
@CALIF. CHILDREN SERVICES*	0	1CR	\$ 12.41CR	\$ 12.41	.002CR\$	.00	\$.02CR
@XOVER EXCLUDING STATE HOSP**	3	10	\$ 603.76	\$ 60.38	.017	\$ 201.25	\$ 1.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 7,533

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

MODOC COUNTY

SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,534
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

PAGE 7,536
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

PAGE 7,537
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

PAGE 7,538
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$	.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,541
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS	AID CODES 51 52 56	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	1	\$ 15.25	\$ 15.25	.000	\$ 15.25	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
MODOC COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS							
	AID CODES 51 52 56							

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,543
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS						AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	1	1	\$	15.25	\$ 15.25	.000	\$ 15.25	\$.00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	1	1		15.25	15.25	.000	15.25	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 7,544
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS								AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1	\$ 15.25	\$ 15.25	.000	\$ 15.25	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,545
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

273 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	46	197	\$ 14,411.73	\$ 73.16	.722	\$ 313.30	\$ 52.79
@PHYSICIANS SERVICES	6	45	\$ 444.17	\$ 9.87	.165	\$ 74.03	\$ 1.63
OUTPATIENT VISITS	2	2	123.20	61.60	.007	61.60	.45
OFFICE VISITS	2	2	123.20	61.60	.007	61.60	.45
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.20CR	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.20CR	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	39	156.29	4.01	.143	156.29	.57
PRINCIPAL SURGEON	0	0	63.68	.00	.000	.00	.23
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	39	92.61	2.37	.143	92.61	.34
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	3	3		111.48	37.16	.011	37.16	.41
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		53.40	53.40	.004	53.40	.20
@PHARMACY	9	11	\$	279.41	\$ 25.40	.040	\$ 31.05	\$ 1.02
PRESCRIPTION DRUGS	9	11		279.41	25.40	.040	31.05	1.02
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	9	11		279.41	25.40	.040	31.05	1.02
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,546
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

273 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	24	67	\$ 7,573.62	\$ 113.04	.245	\$ 315.57	\$ 27.74
HOSP INPATIENT TOTAL	3	7	6,097.00	871.00	.026	2032.33	22.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	7	6,097.00	871.00	.026	2032.33	22.33
ACCOMMODATIONS	3	7	6,096.92	870.99	.026	2032.31	22.33

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	7	6,096.92	870.99	.026	2032.31	22.33
ANCILLARIES	3	0	.08	.00	.000	.03	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	23	60	1,476.62	24.61	.220	64.20	5.41
MEDICAL	7	7	331.51	47.36	.026	47.36	1.21
SURGERY	1	1	80.40	80.40	.004	80.40	.29
PATHOLOGY	10	27	314.37	11.64	.099	31.44	1.15
RADIOLOGY	7	7	324.41	46.34	.026	46.34	1.19
ROOM USE	8	8	292.66	36.58	.029	36.58	1.07
CROSSOVERS/ALL OTH OUTPTNT	7	10	133.27	13.33	.037	19.04	.49
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,547
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

273 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	24	67	\$ 7,573.62	\$ 113.04	.245	\$ 315.57	\$ 27.74
COMM HOSP INPATIENT TOTAL	3	7	6,097.00	871.00	.026	2032.33	22.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	7	6,097.00	871.00	.026	2032.33	22.33
ACCOMMODATIONS	3	7	6,096.92	870.99	.026	2032.31	22.33
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	7	6,096.92	870.99	.026	2032.31	22.33
ANCILLARIES	3	0	.08	.00	.000	.03	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	23	60	1,476.62	24.61	.220	64.20	5.41
MEDICAL	7	7	331.51	47.36	.026	47.36	1.21
SURGERY	1	1	80.40	80.40	.004	80.40	.29
PATHOLOGY	10	27	314.37	11.64	.099	31.44	1.15
RADIOLOGY	7	7	324.41	46.34	.026	46.34	1.19
ROOM USE	8	8	292.66	36.58	.029	36.58	1.07
CROSSOVERS/ALL OTH OUTPTNT	7	10	133.27	13.33	.037	19.04	.49
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	6	16	\$	414.40	\$	25.90	.059	\$	69.07
PATHOLOGY	6	16		414.40		25.90	.059		69.07
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	20	54	\$	5,368.38	\$	99.41	.198	\$	268.42
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	20	54		5,368.38		99.41	.198		268.42
#CALIF DEPT OF HEALTH SERV									
MOP024									
MODOC COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

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	273 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	4	\$	331.75	\$ 82.94	.015	\$ 110.58	\$ 1.22
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	2		121.75	60.88	.007	121.75	.45
AMBULANCES/AIR TRANS	1	2		121.75	60.88	.007	121.75	.45
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2		210.00	105.00	.007	105.00	.77
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00	.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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01/17/03

MODOC COUNTY

SUMMARY OF SERVICES FOR 64 REFUGEES

AID CODES 01 02 08

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000		\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000		\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000		\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,550
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 64 REFUGEES AID CODES 01 02 08

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 7,551
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 64 REFUGEES										AID CODES 01 02 08

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 64 REFUGEES AID CODES 01 02 08

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 7,553

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL

AID CODES 0M 0N

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	5	\$ 311.75	\$ 62.35	.000	\$ 311.75	\$.00
@PHYSICIANS SERVICES	1	5	\$ 311.75	\$ 62.35	.000	\$ 311.75	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	3	198.66	66.22	.000	198.66	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2	113.09	56.55	.000	113.09	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,554
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,555
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,556
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,557
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY	AID CODES OR 0T	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY

PAGE 7,558
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,559
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00 \$
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
MODOC COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY							

PAGE 7,560
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,561
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL		

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	5	\$ 311.75	\$ 62.35	.000	\$ 311.75	\$.00
@PHYSICIANS SERVICES	1	5	\$ 311.75	\$ 62.35	.000	\$ 311.75	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	3	198.66	66.22	.000	198.66	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2	113.09	56.55	.000	113.09	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,562
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,563
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE	7,564
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL								

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000		.00
BLOOD BANK	0	0		.00	.000		.00
HEARING AID DISPENSERS	0	0		.00	.000		.00
MEDICAL TRANSPORTATION	0	0		.00	.000		.00
AMBULANCES/AIR TRANS	0	0		.00	.000		.00
OTHER TRANS	0	0		.00	.000		.00
OTHER SERVICES	0	0		.00	.000		.00
ACUPUNCTURE	0	0		.00	.000		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000		.00
GENETIC DISEASE TESTING	0	0		.00	.000		.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000		.00
OCCUPATIONAL THERAPIST	0	0		.00	.000		.00
OPTICIAN	0	0		.00	.000		.00
PHYSICAL THERAPIST	0	0		.00	.000		.00
PORTABLE X-RAY	0	0		.00	.000		.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000		.00
PROSTHETICS	0	0		.00	.000		.00
ORTHOTICS	0	0		.00	.000		.00
PSYCHOLOGIST	0	0		.00	.000		.00
SPEECH AND AUDIOLOGY	0	0		.00	.000		.00
HOSPICE SERVICES	0	0		.00	.000		.00
NONINST BIRTHING CENTERS	0	0		.00	.000		.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 7,565

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

MODOC COUNTY

SUMMARY OF SERVICES FOR 68 QMB - ONLY

AID CODE

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15	39	\$ 3,431.15	\$ 87.98	.696	\$ 228.74	\$ 61.27
@PHYSICIANS SERVICES	5	18	\$ 256.48	\$ 14.25	.321	\$ 51.30	\$ 4.58
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	18		256.48	14.25	.321	51.30	4.58
@PHARMACY	0	0	\$	.00	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,566
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 68 QMB - ONLY AID CODE

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	2 \$	22.82	\$ 11.41	.036	\$ 11.41	\$.41
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	2	2	22.82	11.41	.036	11.41	.41
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	6	14	\$	2,770.14	\$	197.87	.250	\$	461.69	\$	49.47
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	14		2,770.14		197.87	.250		461.69		49.47
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	6	14		2,770.14		197.87	.250		461.69		49.47
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 7,567
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 68 QMB - ONLY										

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	14	\$ 2,770.14	\$ 197.87	.250	\$ 461.69	\$ 49.47
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	14	2,770.14	197.87	.250	461.69	49.47
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	14		2,770.14	197.87	.250	461.69	49.47
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	96.22	\$	.000	\$	1.72
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		96.22	.00	.000	.00	1.72

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,568
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 68 QMB - ONLY AID CODE

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	5	\$ 285.49	\$ 57.10	.089	\$ 71.37	\$ 5.10
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	5	285.49	57.10	.089	71.37	5.10
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	15	39	\$ 3,334.93	\$ 85.51	.696	\$ 222.33	\$ 59.55

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM

PAGE 7,569
01/17/03

250 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	81	145	\$ 8,413.45	\$ 58.02	.580	\$ 103.87	\$ 33.65
@PHYSICIANS SERVICES	19	27	\$ 674.01	\$ 24.96	.108	\$ 35.47	\$ 2.70
OUTPATIENT VISITS	17	20	571.95	28.60	.080	33.64	2.29
OFFICE VISITS	17	20	571.95	28.60	.080	33.64	2.29
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2	49.14	24.57	.008	49.14	.20
PRINCIPAL SURGEON	1	2	49.14	24.57	.008	49.14	.20
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	4	14.86	3.72	.016	3.72	.06
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	38.06	38.06	.004	38.06	.15
@PHARMACY	30	34	\$ 535.82	\$ 15.76	.136	\$ 17.86	\$ 2.14
PRESCRIPTION DRUGS	30	34	535.82	15.76	.136	17.86	2.14
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	30	34	535.82	15.76	.136	17.86	2.14

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	1	1	\$	71.00	\$ 71.00	.004	\$ 71.00	\$.28
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		71.00	71.00	.004	71.00	.28
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 69 133% PROGRAM

AID CODES 72 74 8N

PAGE 7,570
01/17/03

250 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 47.45	\$ 47.45	.004	\$ 47.45	\$.19
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.004	47.45	.19
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.000		.00	.00
OTHER	0	0		.00		.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00	\$
@TOTAL HOSPITAL	9	28	\$	864.09	\$	30.86	\$	96.01	\$
HOSP INPATIENT TOTAL	0	0		.00		.000		.00	.00
HSC HOSPITALS	0	0		.00		.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.000		.00	.00
ACCOMMODATIONS	0	0		.00		.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.000		.00	.00
ALL OTHER ACCOM	0	0		.00		.000		.00	.00
ANCILLARIES	0	0		.00		.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.000		.00	.00
HOSP OUTPATIENT TOTAL	9	28		864.09		30.86		96.01	3.46
MEDICAL	5	6		252.16		42.03		50.43	1.01
SURGERY	1	1		118.00		118.00		118.00	.47
PATHOLOGY	1	6		52.80		8.80		52.80	.21
RADIOLOGY	3	3		107.47		35.82		35.82	.43
ROOM USE	5	6		257.95		42.99		51.59	1.03
CROSSOVERS/ALL OTH OUTPTNT	4	6		75.71		12.62		18.93	.30
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.000		.00	.00
HSC HOSPITALS	0	0		.00		.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.000		.00	.00
ACCOMMODATIONS	0	0		.00		.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.000		.00	.00
ALL OTHER ACCOM	0	0		.00		.000		.00	.00
ANCILLARIES	0	0		.00		.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.000		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.000		.00	.00
MEDICAL	0	0		.00		.000		.00	.00
SURGERY	0	0		.00		.000		.00	.00
PATHOLOGY	0	0		.00		.000		.00	.00
RADIOLOGY	0	0		.00		.000		.00	.00
ROOM USE	0	0		.00		.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.000		.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,571
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

250 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	28	\$ 864.09	\$ 30.86	.112	\$ 96.01	\$ 3.46
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	28	864.09	30.86	.112	96.01	3.46
MEDICAL	5	6	252.16	42.03	.024	50.43	1.01
SURGERY	1	1	118.00	118.00	.004	118.00	.47
PATHOLOGY	1	6	52.80	8.80	.024	52.80	.21
RADIOLOGY	3	3	107.47	35.82	.012	35.82	.43
ROOM USE	5	6	257.95	42.99	.024	51.59	1.03
CROSSOVERS/ALL OTH OUTPTNT	4	6	75.71	12.62	.024	18.93	.30
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	6	\$ 81.87	\$ 13.65	.024	\$ 27.29	\$.33
PATHOLOGY	3	6	81.87	13.65	.024	27.29	.33
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	39	48	\$ 6,139.21	\$ 127.90	.192	\$ 157.42	\$ 24.56
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	39	48	6,139.21	127.90	.192	157.42	24.56

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 69 133% PROGRAM

PAGE 7,572
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250 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,573
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM	AID CODES 7A 7C 8R	

443 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	83	277	\$ 17,326.20	\$ 62.55	.625	\$ 208.75	\$ 39.11
@PHYSICIANS SERVICES	21	50	\$ 2,232.16	\$ 44.64	.113	\$ 106.29	\$ 5.04
OUTPATIENT VISITS	19	35	1,318.75	37.68	.079	69.41	2.98
OFFICE VISITS	14	22	584.49	26.57	.050	41.75	1.32
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	68.98	34.49	.005	34.49	.16
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	7	11	665.28	60.48	.025	95.04	1.50
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	2	83.57	41.79	.005	83.57	.19
HOSPITAL VISITS	1	2	83.57	41.79	.005	83.57	.19
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	544.28	544.28	.002	544.28	1.23
PRINCIPAL SURGEON	1	1	544.28	544.28	.002	544.28	1.23
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	242.33	121.17	.005	121.17	.55
PRINCIPAL SURGEON	2	2	242.33	121.17	.005	121.17	.55
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	8	40.23	5.03	.018	5.75	.09
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2		3.00		1.50	.005	1.50	.01
@PHARMACY	18	33	\$	1,466.53	\$	44.44	.074	\$ 81.47	\$ 3.31
PRESCRIPTION DRUGS	18	33		1,466.53		44.44	.074	81.47	3.31
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	18	33		1,466.53		44.44	.074	81.47	3.31
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
MODOC COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM								
					AID CODES 7A 7C 8R				

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443 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	17	\$ 434.79	\$ 25.58	.038	\$ 72.47	\$.98
DIAGNOSTIC AND ANC. PROCED	6	6	284.70	47.45	.014	47.45	.64
EYE APPLIANCES	4	11	150.09	13.64	.025	37.52	.34
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	19	42	\$ 5,550.37	\$ 132.15	.095	\$ 292.12	\$ 12.53
HOSP INPATIENT TOTAL	1	3	4,453.31	1484.44	.007	4453.31	10.05
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3	4,453.31	1484.44	.007	4453.31	10.05
ACCOMMODATIONS	1	3	1,604.25	534.75	.007	1604.25	3.62
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,604.25	534.75	.007	1604.25	3.62
ANCILLARIES	1	0	2,849.06	.00	.000	2849.06	6.43
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	18	39	1,097.06	28.13	.088	60.95	2.48
MEDICAL	4	4	230.17	57.54	.009	57.54	.52
SURGERY	2	2	182.61	91.31	.005	91.31	.41
PATHOLOGY	8	16	145.20	9.08	.036	18.15	.33
RADIOLOGY	5	4	241.06	60.27	.009	48.21	.54
ROOM USE	4	6	219.40	36.57	.014	54.85	.50
CROSSEOVERS/ALL OTH OUTPTNT	3	7	78.62	11.23	.016	26.21	.18
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,575
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM						AID CODES 7A 7C 8R
443 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	42	\$ 5,550.37	\$ 132.15	.095	\$ 292.12	\$ 12.53

COMM HOSP INPATIENT TOTAL	1	3		4,453.31	1484.44	.007	4453.31	10.05
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3		4,453.31	1484.44	.007	4453.31	10.05
ACCOMMODATIONS	1	3		1,604.25	534.75	.007	1604.25	3.62
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3		1,604.25	534.75	.007	1604.25	3.62
ANCILLARIES	1	0		2,849.06	.00	.000	2849.06	6.43
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	18	39		1,097.06	28.13	.088	60.95	2.48
MEDICAL	4	4		230.17	57.54	.009	57.54	.52
SURGERY	2	2		182.61	91.31	.005	91.31	.41
PATHOLOGY	8	16		145.20	9.08	.036	18.15	.33
RADIOLOGY	5	4		241.06	60.27	.009	48.21	.54
ROOM USE	4	6		219.40	36.57	.014	54.85	.50
CROSSOVERS/ALL OTH OUTPTNT	3	7		78.62	11.23	.016	26.21	.18
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	4	\$	110.18	27.55	.009	27.55	.25
PATHOLOGY	4	4		110.18	27.55	.009	27.55	.25
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	31	40	\$	6,921.42	173.04	.090	223.27	15.62
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	31	40		6,921.42	173.04	.090	223.27	15.62

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 70 100% PROGRAM

AID CODES 7A 7C 8R

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01/17/03

443 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	14	91	\$ 610.75	\$ 6.71	.205	\$ 43.63	\$ 1.38
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	67.80	8.48	.018	16.95	.15
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	83	542.95	6.54	.187	54.30	1.23
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1	\$ 57.15	\$ 57.15	.002	\$ 57.15	\$.13
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,577
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F		

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	80	229	\$ 10,222.35	\$ 44.64	.000	\$ 127.78	\$.00	
@PHYSICIANS SERVICES	61	107	\$ 6,327.31	\$ 59.13	.000	\$ 103.73	\$.00	
OUTPATIENT VISITS	53	85	6,156.66	72.43	.000	116.16	.00	
OFFICE VISITS	7	9	111.92	12.44	.000	15.99	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	53	76	6,044.74	79.54	.000	114.05	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	

ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	19	19		74.45	3.92	.000	3.92	.00	.00
RADIOLOGY	3	3		96.20	32.07	.000	32.07	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00	.00
@PHARMACY	1	1	\$	4.39	\$ 4.39	.000	\$ 4.39	\$	.00
PRESCRIPTION DRUGS	1	1		4.39	4.39	.000	4.39		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	1	1		4.39	4.39	.000	4.39		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,578
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	14	32	\$ 1,174.66	\$ 36.71	.000	\$ 83.90	\$.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	32	1,174.66	36.71	.000	83.90	.00
MEDICAL	1	1	13.89	13.89	.000	13.89	.00
SURGERY	1	5	164.90	32.98	.000	164.90	.00
PATHOLOGY	4	6	60.70	10.12	.000	15.18	.00
RADIOLOGY	9	9	658.39	73.15	.000	73.15	.00
ROOM USE	6	11	276.78	25.16	.000	46.13	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,579
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	14	32	\$ 1,174.66	\$ 36.71	.000	\$ 83.90	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	32	1,174.66	36.71	.000	83.90	.00
MEDICAL	1	1	13.89	13.89	.000	13.89	.00
SURGERY	1	5	164.90	32.98	.000	164.90	.00
PATHOLOGY	4	6	60.70	10.12	.000	15.18	.00
RADIOLOGY	9	9	658.39	73.15	.000	73.15	.00
ROOM USE	6	11	276.78	25.16	.000	46.13	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	36	80	\$	1,822.56	\$	22.78	.000	\$ 50.63	\$.00
PATHOLOGY	36	80		1,822.56		22.78	.000	50.63	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	263.43	\$	87.81	.000	\$ 131.72	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2	3		263.43		87.81	.000	131.72	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,580
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MODOC COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		

	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6	\$	630.00	\$ 105.00	.000	\$ 105.00 \$.00
DURABLE MED. EQUIP.	0		.00	.00	.000	.00 .00
BLOOD BANK	0		.00	.00	.000	.00 .00
HEARING AID DISPENSERS	0		.00	.00	.000	.00 .00
MEDICAL TRANSPORTATION	0		.00	.00	.000	.00 .00
AMBULANCES/AIR TRANS	0		.00	.00	.000	.00 .00
OTHER TRANS	0		.00	.00	.000	.00 .00
OTHER SERVICES	0		.00	.00	.000	.00 .00
ACUPUNCTURE	0		.00	.00	.000	.00 .00
ADULT DAY HEALTH CARE CTR	0		.00	.00	.000	.00 .00
GENETIC DISEASE TESTING	6		630.00	105.00	.000	105.00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		.00	.00	.000	.00 .00
OCCUPATIONAL THERAPIST	0		.00	.00	.000	.00 .00
OPTICIAN	0		.00	.00	.000	.00 .00
PHYSICAL THERAPIST	0		.00	.00	.000	.00 .00
PORTABLE X-RAY	0		.00	.00	.000	.00 .00
PROSTHETIST/ORTHOTISTS	0		.00	.00	.000	.00 .00
PROSTHETICS	0		.00	.00	.000	.00 .00
ORTHOTICS	0		.00	.00	.000	.00 .00
PSYCHOLOGIST	0		.00	.00	.000	.00 .00
SPEECH AND AUDIOLOGY	0		.00	.00	.000	.00 .00
HOSPICE SERVICES	0		.00	.00	.000	.00 .00
NONINST BIRTHING CENTERS	0		.00	.00	.000	.00 .00
LOCAL EDUCATION AGENCIES	0		.00	.00	.000	.00 .00
EPSDT SUPPLEMENTAL SERVICE	0		.00	.00	.000	.00 .00
RESPIRATORY CARE PRACT.	0		.00	.00	.000	.00 .00
PED SUBACUTE REHAB/WEANING	0		.00	.00	.000	.00 .00
ALL OTHER PROVIDERS	0		.00	.00	.000	.00 .00
@CALIF. CHILDREN SERVICES*	0	\$	.00	\$.00	.000	\$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	\$	.00	\$.00	.000	\$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,581
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,582
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 7,583
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM										AID CODE

						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

PAGE 7,584
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MODOC COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

PAGE 7,585
01/17/03

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	10	\$ 4,948.63	\$ 494.86	2.500	\$ 2474.32	\$ 1237.16
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00

HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	1	5	\$	4,388.67	\$	877.73	1.250	\$ 4388.67 \$ 1097.17
HOSP INPATIENT TOTAL	1	5		4,355.00		871.00	1.250	4355.00 1088.75
HSC HOSPITALS	0	0		.00		.00	.000	.00 .00
NON-HSC HOSPITAL TOTAL	1	5		4,355.00		871.00	1.250	4355.00 1088.75
ACCOMMODATIONS	1	5		4,355.00		871.00	1.250	4355.00 1088.75
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00 .00
ALL OTHER ACCOM	1	5		4,355.00		871.00	1.250	4355.00 1088.75
ANCILLARIES	1	0		.00		.00	.000	.00 .00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00 .00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00 .00
HOSP OUTPATIENT TOTAL	0	0		33.67		.00	.000	.00 8.42
MEDICAL	0	0		.00		.00	.000	.00 .00
SURGERY	0	0		.00		.00	.000	.00 .00
PATHOLOGY	0	0		2.43		.00	.000	.00 .61
RADIOLOGY	0	0		16.98		.00	.000	.00 4.25
ROOM USE	0	0		14.26		.00	.000	.00 3.57
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00 .00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00 .00
HSC HOSPITALS	0	0		.00		.00	.000	.00 .00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00 .00
ACCOMMODATIONS	0	0		.00		.00	.000	.00 .00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00 .00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00 .00
ANCILLARIES	0	0		.00		.00	.000	.00 .00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00 .00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00 .00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00 .00
MEDICAL	0	0		.00		.00	.000	.00 .00
SURGERY	0	0		.00		.00	.000	.00 .00
PATHOLOGY	0	0		.00		.00	.000	.00 .00
RADIOLOGY	0	0		.00		.00	.000	.00 .00
ROOM USE	0	0		.00		.00	.000	.00 .00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,587

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MODOC COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	5	\$ 4,388.67	\$ 877.73	1.250	\$ 4388.67	\$ 1097.17
COMM HOSP INPATIENT TOTAL	1	5	4,355.00	871.00	1.250	4355.00	1088.75
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	5	4,355.00	871.00	1.250	4355.00	1088.75
ACCOMMODATIONS	1	5	4,355.00	871.00	1.250	4355.00	1088.75
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	1	5	4,355.00	871.00	1.250	4355.00	1088.75
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	33.67	.00	.000	.00	8.42
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	2.43	.00	.000	.00	.61
RADIOLOGY	0	0	16.98	.00	.000	.00	4.25
ROOM USE	0	0	14.26	.00	.000	.00	3.57
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 7.60	\$ 7.60	.250	\$ 7.60	\$ 1.90
PATHOLOGY	1	1	7.60	7.60	.250	7.60	1.90
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	4	\$ 552.36	\$ 138.09	1.000	\$ 552.36	\$ 138.09
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	4	552.36	138.09	1.000	552.36	138.09

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,588
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,589
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE		

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,590
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 7,591
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE										

						----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		

COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

PAGE 7,592 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,593
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MODOC COUNTY	SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC	AID CODES 6N	

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5	6	\$ 2,368.63	\$ 394.77	1.000	\$ 473.73	\$ 394.77
@PHYSICIANS SERVICES	3	4	\$ 1,227.74	\$ 306.94	.667	\$ 409.25	\$ 204.62
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	4	1,227.74	306.94	.667	409.25	204.62
PRINCIPAL SURGEON	3	3	1,066.10	355.37	.500	355.37	177.68

ASSISTANT SURGEON	1	1		161.64	161.64	.167	161.64	26.94
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	1	1	\$	102.89	\$ 102.89	.167	\$ 102.89	\$ 17.15
PRESCRIPTION DRUGS	1	1		102.89	102.89	.167	102.89	17.15
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1	1		102.89	102.89	.167	102.89	17.15
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,594
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	1	1	\$ 939.16	\$ 939.16	.167	\$ 939.16	\$ 156.53	
HOSP INPATIENT TOTAL	1	1	871.00	871.00	.167	871.00	145.17	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	1	1	871.00	871.00	.167	871.00	145.17	
ACCOMMODATIONS	1	1	871.02	871.02	.167	871.02	145.17	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	871.02	871.02	.167	871.02	145.17
ANCILLARIES	1	0	.02CR	.00	.000	.02CR	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	68.16	.00	.000	.00	11.36
MEDICAL	0	0	27.60	.00	.000	.00	4.60
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	6.63	.00	.000	.00	1.11
RADIOLOGY	0	0	5.74	.00	.000	.00	.96
ROOM USE	0	0	19.27	.00	.000	.00	3.21
CROSSOVERS/ALL OTH OUTPTNT	0	0	8.92	.00	.000	.00	1.49
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024
MODOC COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

01/17/03

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$ 939.16	\$ 939.16	.167	\$ 939.16	\$ 156.53
COMM HOSP INPATIENT TOTAL	1	1	871.00	871.00	.167	871.00	145.17
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1	871.00	871.00	.167	871.00	145.17
ACCOMMODATIONS	1	1	871.02	871.02	.167	871.02	145.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	871.02	871.02	.167	871.02	145.17
ANCILLARIES	1	0	.02CR	.00	.000	.02CR	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	68.16	.00	.000	.00	11.36
MEDICAL	0	0	27.60	.00	.000	.00	4.60
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	6.63	.00	.000	.00	1.11
RADIOLOGY	0	0	5.74	.00	.000	.00	.96
ROOM USE	0	0	19.27	.00	.000	.00	3.21
CROSSOVERS/ALL OTH OUTPTNT	0	0	8.92	.00	.000	.00	1.49
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ 98.84	\$.00	.000	\$.00	\$ 16.47
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	98.84	.00	.000	.00	16.47

#CALIF DEPT OF HEALTH SERV
MOP024
MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

PAGE 7,596
01/17/03

06 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	\$.00	\$.00	.000	\$.00
DURABLE MED. EQUIP.	0		.00	.00	.000	.00
BLOOD BANK	0		.00	.00	.000	.00
HEARING AID DISPENSERS	0		.00	.00	.000	.00
MEDICAL TRANSPORTATION	0		.00	.00	.000	.00
AMBULANCES/AIR TRANS	0		.00	.00	.000	.00
OTHER TRANS	0		.00	.00	.000	.00
OTHER SERVICES	0		.00	.00	.000	.00
ACUPUNCTURE	0		.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0		.00	.00	.000	.00
GENETIC DISEASE TESTING	0		.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0		.00	.00	.000	.00
OPTICIAN	0		.00	.00	.000	.00
PHYSICAL THERAPIST	0		.00	.00	.000	.00
PORTABLE X-RAY	0		.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0		.00	.00	.000	.00
PROSTHETICS	0		.00	.00	.000	.00
ORTHOTICS	0		.00	.00	.000	.00
PSYCHOLOGIST	0		.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0		.00	.00	.000	.00
HOSPICE SERVICES	0		.00	.00	.000	.00
NONINST BIRTHING CENTERS	0		.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0		.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0		.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0		.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0		.00	.00	.000	.00
ALL OTHER PROVIDERS	0		.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	\$	.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	\$	.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,597
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MODOC COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

23,996 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13,668	136,144	\$ 10,058,877.97	\$ 73.88	5.674	\$ 735.94	\$ 419.19
@PHYSICIANS SERVICES	2,684	7,865	\$ 357,028.68	\$ 45.39	.328	\$ 133.02	\$ 14.88
OUTPATIENT VISITS	1,621	2,287	82,669.67	36.15	.095	51.00	3.45
OFFICE VISITS	1,262	1,699	49,656.90	29.23	.071	39.35	2.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	231	247	11,230.17	45.47	.010	48.62	.47
PREVENTIVE CARE	1	2	54.74	27.37	.000	54.74	.00
OB VISITS/COMPRI PERI	196	287	19,918.56	69.40	.012	101.63	.83
OTHER OUTPATIENT	47	52	1,809.30	34.79	.002	38.50	.08
INPATIENT VISITS	136	591	41,746.39	70.64	.025	306.96	1.74
HOSPITAL VISITS	100	327	15,774.90	48.24	.014	157.75	.66
CRITICAL CARE	23	223	25,121.15	112.65	.009	1092.22	1.05
SNF/ICF/TRANS IP CARE	21	41	850.34	20.74	.002	40.49	.04
OPHTHALMOLOGICAL SERVICES	21	22	816.87	37.13	.001	38.90	.03
EXAMINATIONS	21	22	816.87	37.13	.001	38.90	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	113	792		73,081.85		92.28	.033	646.74	3.05
PRINCIPAL SURGEON	88	118		61,016.47		517.09	.005	693.37	2.54
ASSISTANT SURGEON	13	13		3,158.89		242.99	.001	242.99	.13
ANESTHESIOLOGIST	35	661		8,906.49		13.47	.028	254.47	.37
OUTPATIENT SURGERY	257	881		58,376.68		66.26	.037	227.15	2.43
PRINCIPAL SURGEON	222	274		51,101.82		186.50	.011	230.19	2.13
ASSISTANT SURGEON	7	7		920.95		131.56	.000	131.56	.04
ANESTHESIOLOGIST	42	600		6,353.91		10.59	.025	151.28	.26
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	355	499		4,564.51		9.15	.021	12.86	.19
RADIOLOGY	403	685		32,103.61		46.87	.029	79.66	1.34
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	84	168		4,183.40		24.90	.007	49.80	.17
OTHER SERVICES/ALL X-OVERS	639	1,940		59,485.70		30.66	.081	93.09	2.48
@PHARMACY	8,346	37,341	\$	2,006,821.61	\$	53.74	1.556	\$ 240.45	\$ 83.63
PRESCRIPTION DRUGS	8,290	30,276		1,966,945.42		64.97	1.262	237.27	81.97
SNF/ICF	758	3,998		228,911.52		57.26	.167	301.99	9.54
OUTPATIENTS	7,604	26,278		1,738,033.90		66.14	1.095	228.57	72.43
MEDICAL SUPPLIES	304	7,065		39,876.19		5.64	.294	131.17	1.66
@DENTIST	227	1,203	\$	61,471.85	\$	51.10	.050	\$ 270.80	\$ 2.56
VISITS - DIAGNOSTIC	138	568		6,799.75		11.97	.024	49.27	.28
ORAL SURGERY	45	149		12,796.00		85.88	.006	284.36	.53
DRUGS	11	19		348.75		18.36	.001	31.70	.01
ANESTHESIA	20	20		2,100.00		105.00	.001	105.00	.09
PERIODONTICS	3	4		600.00		150.00	.000	200.00	.03
ENDODONTICS	20	61		6,268.00		102.75	.003	313.40	.26
RESTORATIVE DENTISTRY	64	273		21,727.35		79.59	.011	339.49	.91
PROSTHETICS	2	2		30.00		15.00	.000	15.00	.00
DENTURES, STAYPLATES	17	48		6,130.00		127.71	.002	360.59	.26
SPACE MAINTAINERS	5	10		1,199.00		119.90	.000	239.80	.05
MAXILLOFACIAL SERVICES	1	1		48.00		48.00	.000	48.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	28	42		3,350.00		79.76	.002	119.64	.14
ALL OTHER SERVICES	6	6		75.00		12.50	.000	12.50	.00

#CALIF DEPT OF HEALTH SERV MOP024 MODOC COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

PAGE 7,598 01/17/03

23,996 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	699	1,564	\$ 33,526.75	\$ 21.44	.065	\$ 47.96	\$ 1.40
DIAGNOSTIC AND ANC. PROCED	342	385	14,529.36	37.74	.016	42.48	.61
EYE APPLIANCES	375	927	14,319.69	15.45	.039	38.19	.60
OTHER OPTOMETRIC SERVICES	198	252	4,677.70	18.56	.011	23.62	.19
@CHIROPRACTOR	8	13	\$ 211.17	\$ 16.24	.001	\$ 26.40	\$.01
VISITS	7	11	177.73	16.16	.000	25.39	.01
OTHER SERVICES	1	2	33.44	16.72	.000	33.44	.00
@PODIATRIST	4	4	\$ 113.79	\$ 28.45	.000	\$ 28.45	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	4	113.79	28.45	.000	28.45	.00
@HOME HEALTH AGENCY	1	58	\$ 4,341.88	\$ 74.86	.002	\$ 4341.88	\$.18
NURSE ANESTHESIST	2	28	\$ 162.14	\$ 5.79	.001	\$ 81.07	\$.01
NURSE MIDWIFE	3	14	\$ 654.54	\$ 46.75	.001	\$ 218.18	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	2	3	\$	112.80	\$	37.60	.000	\$	56.40	\$	.00
@TOTAL HOSPITAL	3,192	14,917	\$	1,655,472.16	\$	110.98	.622	\$	518.63	\$	68.99
HOSP INPATIENT TOTAL	212	916		1,238,483.77		1352.06	.038		5841.90		51.61
HSC HOSPITALS	10	41		53,246.00		1298.68	.002		5324.60		2.22
NON-HSC HOSPITAL TOTAL	151	675		1,149,379.97		1702.79	.028		7611.79		47.90
ACCOMMODATIONS	147	675		417,472.11		618.48	.028		2839.95		17.40
ADMINISTRATIVE DAYS	1	2		450.99		225.50	.000		450.99		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	147	673		417,021.12		619.65	.028		2836.88		17.38
ANCILLARIES	151	0		731,907.86		.00	.000		4847.07		30.50
INPATIENT CROSSOVERS	52	200		35,857.80		179.29	.008		689.57		1.49
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,071	14,001		416,988.39		29.78	.583		135.78		17.38
MEDICAL	1,074	1,702		56,048.23		32.93	.071		52.19		2.34
SURGERY	225	242		23,077.24		95.36	.010		102.57		.96
PATHOLOGY	1,154	3,909		39,019.16		9.98	.163		33.81		1.63
RADIOLOGY	930	1,322		103,388.55		78.21	.055		111.17		4.31
ROOM USE	1,044	1,442		63,614.38		44.12	.060		60.93		2.65
CROSSOVERS/ALL OTH OUTPTNT	1,480	5,384		131,840.83		24.49	.224		89.08		5.49
@COUNTY HOSPITAL TOTAL	2	18	\$	204.41	\$	11.36	.001	\$	102.21	\$	.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	18		204.41		11.36	.001		102.21		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	16		130.78		8.17	.001		65.39		.01
RADIOLOGY	1	1		39.20		39.20	.000		39.20		.00
ROOM USE	1	1		34.43		34.43	.000		34.43		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
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MODOC COUNTY	SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED										

					----- MONTHLY AVERAGE -----			
23,996 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	3,190	14,899	\$ 1,655,267.75	\$ 111.10	.621	\$ 518.89	\$ 68.98	
COMM HOSP INPATIENT TOTAL	212	916	1,238,483.77	1352.06	.038	5841.90	51.61	
HSC HOSPITALS	10	41	53,246.00	1298.68	.002	5324.60	2.22	
NON-HSC HOSPITALS TOTAL	151	675	1,149,379.97	1702.79	.028	7611.79	47.90	
ACCOMMODATIONS	147	675	417,472.11	618.48	.028	2839.95	17.40	
ADMINISTRATIVE DAYS	1	2	450.99	225.50	.000	450.99	.02	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	147	673	417,021.12	619.65	.028	2836.88	17.38	
ANCILLARIES	151	0	731,907.86	.00	.000	4847.07	30.50	
INPATIENT CROSSOVERS	52	200	35,857.80	179.29	.008	689.57	1.49	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	3,069	13,983	416,783.98	29.81	.583	135.80	17.37	
MEDICAL	1,074	1,702	56,048.23	32.93	.071	52.19	2.34	

SURGERY	225	242		23,077.24		95.36	.010	102.57	.96
PATHOLOGY	1,152	3,893		38,888.38		9.99	.162	33.76	1.62
RADIOLOGY	929	1,321		103,349.35		78.24	.055	111.25	4.31
ROOM USE	1,043	1,441		63,579.95		44.12	.060	60.96	2.65
CROSSOVERS/ALL OTH OUTPTNT	1,480	5,384		131,840.83		24.49	.224	89.08	5.49
@STATE HOSPITAL	7	549	\$	294,264.00	\$	536.00	.023	\$ 42037.71	\$ 12.26
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	7	549		294,264.00		536.00	.023	42037.71	12.26
@NURSING FACILITY	852	25,512	\$	4,206,535.29	\$	164.88	1.063	\$ 4937.25	\$ 175.30
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	12	364		44,008.82		120.90	.015	3667.40	1.83
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	840	25,148		4,162,526.47		165.52	1.048	4955.39	173.47
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	19	26	\$	10,630.10	\$	408.85	.001	\$ 559.48	\$.44
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	19	26		10,630.10		408.85	.001	559.48	.44
@REHABILITATION FACILITY	13	60	\$	1,351.66	\$	22.53	.003	\$ 103.97	\$.06
HOSPITAL BASED	13	60		1,351.66		22.53	.003	103.97	.06
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1,064	3,027	\$	44,728.65	\$	14.78	.126	\$ 42.04	\$ 1.86
PATHOLOGY	1,049	2,994		43,785.61		14.62	.125	41.74	1.82
XO AND OTHERS	15	33		943.04		28.58	.001	62.87	.04
@ORGANIZED OUTPATIENT CLINIC	6,240	10,758	\$	1,153,921.57	\$	107.26	.448	\$ 184.92	\$ 48.09
CLINIC	19	47		1,398.73		29.76	.002	73.62	.06
SURGICENTER	6	21		1,527.02		72.72	.001	254.50	.06
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 MODOC COUNTY

6,225 10,690 1,150,995.82
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

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	23,996 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,451	33,202	\$	227,529.33	\$ 6.85	1.384	\$ 156.81	\$ 9.48
DURABLE MED. EQUIP.	133	397		45,289.51	114.08	.017	340.52	1.89
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	21		2,657.62	126.55	.001	241.60	.11
MEDICAL TRANSPORTATION	133	3,911		70,875.79	18.12	.163	532.90	2.95
AMBULANCES/AIR TRANS	118	3,499		51,770.28	14.80	.146	438.73	2.16
OTHER TRANS	3	178		355.22	2.00	.007	118.41	.01
OTHER SERVICES	21	234		18,750.29	80.13	.010	892.87	.78
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	35	35		3,361.00	96.03	.001	96.03	.14
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	306	656		6,964.85	10.62	.027	22.76	.29
PHYSICAL THERAPIST	6	59		657.46	11.14	.002	109.58	.03
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	16	33		5,839.45	176.95	.001	364.97	.24
PROSTHETICS	12	27		5,566.59	206.17	.001	463.88	.23
ORTHOTICS	4	6		272.86	45.48	.000	68.22	.01
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	22	56		4,293.07	76.66	.002	195.14	.18
HOSPICE SERVICES	0	0		38.36	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	392	7,488		51,523.40	6.88	.312	131.44	2.15
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	440	20,546		36,028.82	1.75	.856	81.88	1.50
@CALIF. CHILDREN SERVICES*	95	718	\$	70,315.98	\$ 97.93	.030	\$ 740.17	\$ 2.93
@XOVER EXCLUDING STATE HOSP**	1,268	11,636	\$	169,271.80	\$ 14.55	.485	\$ 133.50	\$ 7.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.